

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770084

**Entity Name:** BAPTIST HEALTH PROPERTIES, INC.**Current Principal Place of Business:**3563 PHILIPS HIGHWAY  
BUILDING F, SUITE 608  
JACKSONVILLE, FL 32207**Current Mailing Address:**841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207 US**FEI Number:** 59-2487133**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRANGER, HARVEY  
841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DC
Name	GREENE, A. HUGH
Address	841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip:	JACKSONVILLE FL 32207

Title	DT
Name	WOOTEN, SCOTT
Address	841 PRUDENTIAL DRIVE, SUITE 1602
City-State-Zip:	JACKSONVILLE FL 32207

Title	S
Name	BAITY, G. SCOTT
Address	841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip:	JACKSONVILLE FL 32207

Title	V
Name	TICKELL, KEITH
Address	3563 PHILIPS HIGHWAY BUILDING F, SUITE 608
City-State-Zip:	JACKSONVILLE FL 32207

Title	DP
Name	WILBANKS, JOHN F
Address	841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip:	JACKSONVILLE FL 32207

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** A. HUGH GREENE

C

04/27/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date