

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007975

**Entity Name:** BAPTIST MEDICAL CENTER OF CLAY, INC.

**Current Principal Place of Business:**

841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207

**FEI Number: 75-3198121**

**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: HARVEY GRANGER**

**05/01/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name GREENE, A HUGH  
Address 841 PRUDENTIAL DR  
SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

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

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

Title VS  
Name GRANGER, HARVEY  
Address 841 PRUDENTIAL DRIVE, SUITE 1802  
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: HARVEY GRANGER**

**SECRETARY**

**05/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date