

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35375

Entity Name: BAPTIST MEDICAL CENTER OF THE BEACHES, INC.

Current Principal Place of Business:

841 PRUDENTIAL DRIVE
SUITE 1802
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

841 PRUDENTIAL DRIVE
SUITE 1802
JACKSONVILLE, FL 32207 US

FEI Number: 59-2980620

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAITY, G. SCOTT ESQ.
841 PRUDENTIAL DR
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: G. SCOTT BAITY

04/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name MAYO, MICHAEL A.
Address 841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip: JACKSONVILLE FL 32207

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

Title DVC
Name HOFFMAN, CHRISTINE
Address 1350 13TH AVENUE SOUTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title ASST. TREASURER
Name FINNEGAN, SCOTT
Address 841 PRUDENTIAL DRIVE
SUITE 1602
City-State-Zip: JACKSONVILLE FL 32207

Title DC
Name COUGHLIN JOYCE, KELI
Address 1350 13TH AVENUE SOUTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VP
Name DREICER, JARRET
Address 1350 13TH AVENUE SOUTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DST
Name BUCHER, BRIAN
Address 1350 13TH AVENUE SOUTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

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: G. SCOTT BAITY, ESQ.

ASST. SECRETARY

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date