

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35375

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

Current Principal Place of Business:

1350 13TH AVENUE SOUTH
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:

GRANGER, HARVEY
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DC
Name BONO, ERNEST PSR.
Address 1350 13TH AVENUE SOUTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title AS
Name GRANGER, HARVEY
Address 841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip: JACKSONVILLE FL 32207

Title DST
Name BHIKHA, SONNY
Address 1350 13TH AVENUE SOUTH
City-State-Zip: JACKSSONVILLE BEACH FL 32250

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

Title V
Name WILBANKS, JOHN F
Address 841 PRUDENTIAL DR STE 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: HARVEY GRANGER

SECRETARY

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date