

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000920

Entity Name: BAPTIST MEDICAL CENTER OF NASSAU, INC.

Current Principal Place of Business:

1250 SOUTH 18TH STREET
FERNANDINA BEACH, FL 32034

Current Mailing Address:

841 PRUDENTIAL DRIVE
SUITE 1802
JACKSONVILLE, FL 32207 US

FEI Number: 59-3234721

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 DC
Name BRYAN, CHRISTINA H
Address 1250 S.18TH STREET
City-State-Zip: FERNANDINA BEACH FL 32034

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

Title DVC
Name BELL, MICHAEL H
Address 1250 S. 18TH STREET
City-State-Zip: FERNANDINA BEACH FL 32034

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

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

Title VP, CFO
Name WOOTEN, SCOTT
Address 841 PRUDENTIAL DRIVE
SUITE 1802
City-State-Zip: JACKSONVILLE FL 32207

Title VP
Name HUBEL, ED
Address 1250 S. 18TH STREET
City-State-Zip: FERNANDINA BEACH FL 32034

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

ASSISTANT SECRETARY 05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date