

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000033715

**Entity Name:** BAPTIST-SOUTHEAST GYNECOLOGIC ONCOLOGY ASSOCIATES, INC.

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC7722510573**

**Current Principal Place of Business:**

1235 SAN MARCO BOULEVARD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

841 PRUDENTIAL DRIVE, SUITE 1802  
JACKSONVILLE, FL 32207 US

**FEI Number: 46-2620381**

**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           DIRECTOR, PRESIDENT  
Name           WILBANKS, JOHN F  
Address        841 PRUDENTIAL DRIVE  
                  SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

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

Title           VP  
Name           MENDEL, LEEANN  
Address        1235 SAN MARCO BOULEVARD  
                  4TH FLOOR  
City-State-Zip: JACKSONVILLE FL 32207

Title           VP  
Name           PUTNAM, MD, BILL  
Address        1235 SAN MARCO BLVD.  
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: HARVEY GRANGER**

**SECRETARY**

**04/28/2017**

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

\_\_\_\_\_  
Date