## 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000085634

Entity Name: BAPTIST HEALTH CLINIC, INC.

**Current Principal Place of Business:** 

1660 PRUDENTIAL DRIVE BLDG. 2, SUITE 203 JACKSONVILLE, FL 32207

**FILED** May 01, 2025 **Secretary of State** 7258038727CC

## **Current Mailing Address:**

841 PRUDENTIAL DRIVE **SUITE 1802** JACKSONVILLE, FL 32207 US

FEI Number: 59-3214040 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BAITY, G. SCOTT 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: G. SCOTT BAITY 05/01/2025

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, TREASURER, DIRECTOR Title

Name TICKELL, KEITH Name FINNEGAN, SCOTT

841 PRUDENTIAL DRIVE, SUITE 1602 841 PRUDENTIAL DRIVE, SUITE 1602 Address Address

JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip:

Title Title DIRECTOR

Name GRAHAM, CATHERINE BAITY, G. SCOTT Name

Address 841 PRUDENTIAL DR. Address 841 PRUDENTIAL DRIVE, SUITE 1802 STE1802

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

**DIRECTOR** 

Title Name GROOVER, TIMOTHY DR.

Address 841 PRUDENTIAL DR. STE. 1601

JACKSONVILLE FL 32207 City-State-Zip:

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: G. SCOTT BAITY, ESQ.

SECRETARY

05/01/2025