

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 770015 (6)**

1. Corporation Name  
**BAPTIST HEALTH SYSTEM, INC.**



Principal Place of Business Mailing Address  
**C/O WILLIAM C. MASON, PRES** **C/O WILLIAM C. MASON, PRES**  
**800 PRUDENTIAL DRIVE** **800 PRUDENTIAL DRIVE**  
**JACKSONVILLE FL 32207** **JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified **08/29/1983** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business **c/o William C. Mason** 2a. Mailing Address **c/o William C. Mason** 4. FEI Number **59-2487136** Applied For  
**1301 Riverplace Blvd.** **1301 Riverplace Blvd.** Not Applicable

22. Suite, Apt. #, etc. **Suite 1700** 27. Suite, Apt. #, etc. **Suite 1700** 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State **Jacksonville, FL** 28. City & State **Jacksonville, FL** 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip **32207** 25. Country **USA** 29. Zip **32207** 30. Country **USA** 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**SMITH, HULSEY & BUSEY**  
**1800 FIRST UNION NATIONAL BANK BLDG**  
**225 WATER STREET**  
**JACKSONVILLE FL 32202**

**10. Name and Address of New Registered Agent**

81. Name **Harvey Granger, General Counsel**  
 82. Street Address (P.O. Box Number is Not Acceptable) **1301 Riverplace Blvd.**  
 83. **Suite 1700**  
 84. City **Jacksonville** **FL** 85. Zip Code **32207**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Harvey Granger* **Harvey Granger, General Counsel** **7-29-96**  
Signature of individual or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>MASON, WILLIAM C.</b>	
STREET ADDRESS	<b>800 PRUDENTIAL DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>COOPER, EDGAR R.</b>	
STREET ADDRESS	<b>7822 LINKSIDE DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DOUGLAS, T. O'NEAL</b>	
STREET ADDRESS	<b>76 S. LAURA ST.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HATCHER, WILLIAM</b>	
STREET ADDRESS	<b>3344 SLIP 4 LAKE SHORE B</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	
TITLE	<b>AST</b>	<input type="checkbox"/> DELETE
NAME	<b>JACKSON, REBECCA B.</b>	
STREET ADDRESS	<b>800 PRUDENTIAL DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GROOVER, JACK M</b>	
STREET ADDRESS	<b>800 PRUDENTIAL DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1301 Riverplace Blvd., Suite 1700</b>
1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>1301 Riverplace Blvd., Suite 1700</b>
5.4 CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>1301 Riverplace Blvd., Suite 1700</b>
6.4 CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rebecca B. Jackson* **Rebecca B. Jackson** **7-29-96** **904/202-4001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)

**BAPTIST HEALTH SYSTEM, INC.**

D	Haskell, Preston H.	P. O. Box 44100	Jacksonville, FL 32231
DVC	Rowe, Robert L. Jr.	9471 Baymeadows Road Suite 203	Jacksonville, FL 32256
D	Watson, William A., Jr.	11226-1 San Jose Blvd.	Jacksonville, FL 32223
D	Whorton, Judson S.	5443 John Reynolds Drive	Jacksonville, FL 32211
DC	Williams, John H., Jr.	1200 River Place Blvd.	Jacksonville, FL 32207
V	Greene, A. Hugh	800 Prudential Drive	Jacksonville, FL 32207
V	Thompson, Carol C.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
V	Lukaszewski, Michael	800 Prudential Drive	Jacksonville, FL 32207
V	McLear, William Z., M.D.	800 Prudential Drive	Jacksonville, FL 32207