

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 770015 (6)**

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



Principal Place of Business <b>C/O WILLIAM C. MASON, PRES 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL 32207 US</b>	Mailing Address <b>C/O WILLIAM C. MASON, PRES 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL 32207-9047 US</b>
--	---

3. Date Incorporated or Qualified <b>08/29/1983</b>	3a. Date of Last Report <b>08/05/1996</b>
--	--

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

4. FEI Number <b>59-2487136</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

<b>81</b> Name <b>Harvey Granger</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>1301 Riverplace Blvd.</b>
<b>83</b> <b>Suite 1700</b>
<b>84</b> City <b>Jacksonville</b>
<b>85</b> State <b>FL</b>
<b>86</b> Zip Code <b>32207</b>

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** DATE: **4-23-97**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MASON, WILLIAM C.</b>		1.2 NAME	
STREET ADDRESS <b>1301 RIVERPLACE BLVD #1700</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>JACKSONVILLE, FL 00000</b>		1.4 CITY - ST - ZIP	
TITLE <b>DST</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COOPER, EDGAR R.</b>		2.2 NAME	
STREET ADDRESS <b>7822 LINKSIDE DR</b>		2.3 STREET ADDRESS <b>7851 Heather Lake Court East</b>	
CITY - ST - ZIP <b>JACKSONVILLE, FL 00000</b>		2.4 CITY - ST - ZIP <b>Jacksonville, FL 32256</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DOUGLAS, T. O'NEAL</b>		3.2 NAME	
STREET ADDRESS <b>76 S. LAURA ST.</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>JACKSONVILLE, FL 00000</b>		3.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HATCHER, WILLIAM</b>		4.2 NAME	
STREET ADDRESS <b>3344 SLIP 4 LAKE SHORE B</b>		4.3 STREET ADDRESS	
CITY - ST - ZIP <b>JACKSONVILLE, FL 00000</b>		4.4 CITY - ST - ZIP	
TITLE <b>AST</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JACKSON, REBECCA B.</b>		5.2 NAME	
STREET ADDRESS <b>1301 RIVERPLACE BLDV #1700</b>		5.3 STREET ADDRESS	
CITY - ST - ZIP <b>JACKSONVILLE FL</b>		5.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GROOVER, JACK M</b>		6.2 NAME	
STREET ADDRESS <b>1301 RIVERPLACE BLDV #1700</b>		6.3 STREET ADDRESS	
CITY - ST - ZIP <b>JACKSONVILLE FL</b>		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, Asst. Sec.** DATE: **4-23-97** PHONE: **904/202-4001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #0004810

CFR2E037 (9/96)

**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