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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770015

1. Corporation Name
BAPTIST HEALTH SYSTEM, INC.

545457 - 90043 - 25

Principal Place of Business

C/O WILLIAM C. MASON, PRES
1301 RIVERPLACE BLVD #1700
JACKSONVILLE FL 32207
US

Mailing Address

C/O WILLIAM C. MASON, PRES
1301 RIVERPLACE BLVD #1700
JACKSONVILLE FL 32207
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/29/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2487136

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANGER, HARVEY
1301 RIVERPLACE BLVD
SUITE 170
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed 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 DP DELETE
NAME MASON, WILLIAM C.
STREET ADDRESS 1301 RIVERPLACE BLVD #1700
CITY-ST-ZIP JACKSONVILLE, FL 00000

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DST DELETE
NAME COOPER, EDGAR R.
STREET ADDRESS 7851 HEATHER LAKE COURT EAST
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME HATCHER, WILLIAM
STREET ADDRESS 3344 SLIP 4 LAKE SHORE B
CITY-ST-ZIP JACKSONVILLE, FL 00000

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE AST DELETE
NAME JACKSON, REBECCA B.
STREET ADDRESS 1301 RIVERPLACE BLVD #1700
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME GROOVER, JACK M
STREET ADDRESS 1301 RIVERPLACE BLVD #1700
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Rebecca Jackson* Assistant Secretary

4-23-99

904/202-4005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

545457-90043-25
DOCUMENT # 770015
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	Lukaszewski, Michael	800 Prudential Drive	Jacksonville, FL 32207

ADDITION:

DV	Greene, A. Hugh	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
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