

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



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

1996 8-5-96

B-7578

C

DOCUMENT # 770084 (2)

1. Corporation Name

BAPTIST HEALTH PROPERTIES, INC.



Principal Place of Business

Mailing Address

800 PRUDENTIAL DRIVE  
JACKSONVILLE FL 32207

800 PRUDENTIAL DRIVE  
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified  
09/01/1983

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

21 1301 Riverplace Blvd.

26 1301 Riverplace Blvd.

4. FEI Number  
59-2487133

Applied For  
Not Applicable

22 Suite 1700

27 Suite 1700

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Jacksonville, FL

28 Jacksonville, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 32207

25 USA

29 32207

30 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

10. Name and Address of New Registered Agent

SMITH HULSEY & BUSEY  
1800 FIRST UNION NATIONAL BANK TOWER  
225 WATER STREET  
JACKSONVILLE FL 32202

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
O'NEAL, T. DOUGLAS  
ONE INDEPENDENT DR., INDEPENDENT LIFE  
JACKSONVILLE FL

☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
D/T  
Cooper, Edgar R.  
1301 Riverplace Blvd., Suite 1700  
Jacksonville, FL 32207

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HILL, HENRY W  
GULF LIFE DR., SUITE 1803  
JACKSONVILLE FL

☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
D  
Hughes, Charles E., Jr.  
1301 Riverplace Blvd., Suite 1700  
Jacksonville, FL 32207

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MALONE, RICHARD H  
800 PRUDENTIAL DRIVE  
JACKSONVILLE FL

☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
D/P  
Mason, William C.  
1301 Riverplace Blvd., Suite 1700  
Jacksonville, FL 32207

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MASON, WILLIAM C  
800 PRUDENTIAL DRIVE  
JACKSONVILLE FL

☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
D/V  
Thompson, Carol C.  
1301 Riverplace Blvd., Suite 1700  
Jacksonville, FL 32207

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
READ, J. LARRY  
800 PRUDENTIAL DRIVE  
JACKSONVILLE FL

☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
D/C  
Watson, William, Jr.  
1301 Riverplace Blvd., Suite 1700  
Jacksonville, FL 32207

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROWE, ROBERT L. JR.  
1109 BARNETT BANK BLDG.  
JACKSONVILLE FL

☒ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
V  
Parrett, Donald O.  
1301 Riverplace Blvd., Suite 1700  
Jacksonville, FL 32207

☒ Change ☐ Addition

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 #

0001732

CR2E037 (3/96)

**BAPTIST HEALTH PROPERTIES, INC.**

V	Perry, Kenneth C.	1325 San Marco Blvd. Suite 901	Jacksonville, FL 32207
S	Jackson, Rebecca B.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207