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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 770084 (2)
1. Corporation Name
BAPTIST HEALTH PROPERTIES, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
C/O WILLIAM C MASON 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL 32207 US		C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL 32207-8047 US		09/01/1983	08/05/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2487133	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	30
24	25	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				10. Name and Address of New Registered Agent			
HARVEY GRANGER, GENERAL COUNSEL 1301 RIVERPLCE BLVD SUITE 1700 JACKSONVILLE FL 32202				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT COOPER, EDGAR 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D HUGHES, CHARLES 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	DP MASON, WILLIAM C 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	DV THOMPSON, CAROL C 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	DC WATSON, WILLIAM 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	V PARRETT, DONALD O 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, changed, or on an attachment with an address.

SIGNATURE: *Rebecca J. ...* 4-23-97 904/202-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0004813

CR2E037 (9/96)

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
D V	Greene, A. Hugh	800 Prudential Dr	Jacksonville, FL 32207