

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 770084**

1. Entity Name  
**BAPTIST HEALTH PROPERTIES, INC.**

<b>Principal Place of Business</b> C/O 800 PRUDENTIAL DRIVE  JACKSONVILLE FL 32207 US	<b>Mailing Address</b> C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL 32207 US
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<b>2. Principal Place of Business</b> 1325 SAN MARCO BLVD.	<b>3. Mailing Address</b> C/O HARVEY GRANGER
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Suite, Apt. #, etc. SUITE 902	Suite, Apt. #, etc. 1325 SAN MARCO BLVD, SUITE 902
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<b>City &amp; State</b> JACKSONVILLE FL	<b>City &amp; State</b> JACKSONVILLE FL
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<b>Zip</b> 32207	<b>Country</b> US	<b>Zip</b> 32207	<b>Country</b> US
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<b>4. FEI Number</b> 59-2487133	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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

HARVEY GRANGER GENERAL COUNSEL  
 1325 SAN MARCO BLVD.  
 SUITE 902  
 JACKSONVILLE FL 32207 US

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

<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b> <b>FL</b> <b>Zip Code</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE **04/04/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> V	<input type="checkbox"/> Delete
<b>NAME</b> PARRETT DONALD O	
<b>STREET ADDRESS</b> 1301 RIVERPLACE BLVD #1700	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL	
<b>TITLE</b> S	<input type="checkbox"/> Delete
<b>NAME</b> JACKSON REBECCA B	
<b>STREET ADDRESS</b> 1301 RIVERPLACE BLVD SUITE 1700	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32207	
<b>TITLE</b> V	<input type="checkbox"/> Delete
<b>NAME</b> PERRY KENNETH C	
<b>STREET ADDRESS</b> 800 PRUDENTIAL DR.	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL	
<b>TITLE</b> DP	<input type="checkbox"/> Delete
<b>NAME</b> MASON WILLIAM C	
<b>STREET ADDRESS</b> 800 PRUDENTIAL DR.	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL	
<b>TITLE</b> DP	<input type="checkbox"/> Delete
<b>NAME</b> GREENE HUGH A	
<b>STREET ADDRESS</b> STE.1803, GULF LIFE DR.	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL	
<b>TITLE</b> DC	<input type="checkbox"/> Delete
<b>NAME</b> MABER JOHN J	
<b>STREET ADDRESS</b> 1301 RIVERPLACE BLVD SUITE 1700	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32207	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MASON WILLIAM C	
<b>STREET ADDRESS</b> 1325 SAN MARCO BLVD, SUITE 902	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32207	
<b>TITLE</b> S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> JACKSON REBECCA B	
<b>STREET ADDRESS</b> 1325 SAN MARCO BLVD, SUITE 902	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32207	
<b>TITLE</b> DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> LUKASZEWSKI MICHAEL	
<b>STREET ADDRESS</b> 1325 SAN MARCO BLVD, SUITE 902	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32207	
<b>TITLE</b> DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> PARRETT DONALD O	
<b>STREET ADDRESS</b> 1325 SAN MARCO BLVD, SUITE 902	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32207	
<b>TITLE</b> DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> THOMPSON CAROL C	
<b>STREET ADDRESS</b> 1325 SAN MARCO BLVD, SUITE 902	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32207	
<b>TITLE</b> DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> GREENE A. HUGH	
<b>STREET ADDRESS</b> 1325 SAN MARCO BLVD, SUITE 902	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32207	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** REBECCA B. JACKSON **S** **04/04/2001**

CR2E037 (11/00)