


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90423 033 \*\*\*\*61.25

<b>DOCUMENT # 770084</b>	
1. Entity Name <b>BAPTIST HEALTH PROPERTIES, INC.</b>	

Principal Place of Business <b>1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207 US</b>	Mailing Address <b>C/O HARVEY GRANGER 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207 US</b>
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**40080018**



2. Principal Place of Business		3. Mailing Address		05012006	Chg-NP	CR2E037 (4/06)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>59-2487133</b>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HARVEY GRANGER, GENERAL COUNSEL 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GREENE, A. HUGH <input type="checkbox"/> Delete 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMPSON, CAROL C <input type="checkbox"/> Delete 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARRETT, DONALD O <input checked="" type="checkbox"/> Delete 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LUKASZEWSKI, MICHAEL <input type="checkbox"/> Delete 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRANGER, HARVEY <input type="checkbox"/> Delete 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, WILLIAM C <input type="checkbox"/> Delete 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *A. Hughes* **4/28/06** **904-202-5010**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #