

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90168 018 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 770085 1. Entity Name BAPTIST HEALTH SYSTEM FOUNDATION, INC.					
Principal Place of Business 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 US			Mailing Address 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2487135	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANGER, HARVEY 1325 SAN MARCO BOULEVARD SUITE 902 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENE, HUGH A 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC Robin Bradbury 1325 San Marco Blvd., Suite 902 JACKSONVILLE, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRANGER, HARVEY 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC PARYANI, M.D., SHYAM 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Shyam Paryani, M.D. 1325 San Marco Blvd., Suite 902 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT LUKASZEWSKI, MICHAEL 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <u><i>A. Hyl Green</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/28/08 904-202-4011 <small>Date Daytime Phone #</small>		

60032658



04102008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2487135 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANGER, HARVEY
1325 SAN MARCO BOULEVARD
SUITE 902
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

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 renewing) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITL
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GREENE, HUGH A
1325 SAN MARCO BLVD. SUITE 902
JACKSONVILLE, FL 32207** ☐ Delete

TITL
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GRANGER, HARVEY
1325 SAN MARCO BLVD. SUITE 902
JACKSONVILLE, FL 32207** ☐ Delete

TITL
NAME
STREET ADDRESS
CITY-ST-ZIP
**TC
PARYANI, M.D., SHYAM
1325 SAN MARCO BLVD., SUITE 902
JACKSONVILLE, FL 32207** ☐ Delete

TITL
NAME
STREET ADDRESS
CITY-ST-ZIP
**TT
LUKASZEWSKI, MICHAEL
1325 SAN MARCO BLVD., SUITE 902
JACKSONVILLE, FL 32207** ☐ Delete

TITL
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITL
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITL
NAME
STREET ADDRESS
CITY-ST-ZIP
**TC
Robin Bradbury
1325 San Marco Blvd., Suite 902
JACKSONVILLE, FL 32207** ☐ Change ☒ Addition

TITL
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITL
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Shyam Paryani, M.D.
1325 San Marco Blvd., Suite 902
JACKSONVILLE, FL 32207** ☒ Change ☐ Addition

TITL
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITL
NAME
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SIGNATURE: *A. Hyl Green* **4/28/08** **904-202-4011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #