

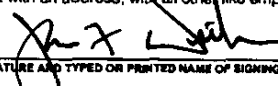


**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90168 019 \*\*\*\*61.25

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

<b>DOCUMENT # N05000001282</b>		
1. Entity Name <b>BAPTIST SOUTH MEDICAL CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business <b>14546 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258</b>	Mailing Address <b>14546 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258</b>	<b>60032657</b> 
<b>DO NOT WRITE IN THIS SPACE</b>		04102008 No Chg-NP CR2E037 (4/06)
		4. FEI Number <b>20-2515616</b> Applied For <input type="checkbox"/> Not Applicable
<b>DO NOT WRITE IN THIS SPACE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>SMITH HULSEY &amp; BUSEY 225 WATER STREET SUITE 1800 JACKSONVILLE, FL 32202</b>		<b>DO NOT WRITE IN THIS SPACE</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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILBANKS, JOHN F 1325 SAN MARCO BOULEVARD SUITE 902 JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DURKIN, CHRISTOPHER R 1325 SAN MARCO BLVD SUITE 901 JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUKASZEWSKI, MICHAEL 800 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, A. HUGH 1325 SAN MARCO BOULEVARD SUITE 902 JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		4/28/08 904-202-2294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #