

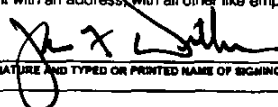


**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90168 013 \*\*\*\*61.25

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

<b>DOCUMENT # N05000007975</b>		
1. Entity Name <b>BAPTIST MEDICAL CENTER OF CLAY, INC.</b>		
Principal Place of Business <b>800 PRUDENTIAL DR JACKSONVILLE, FL 32207</b>	Mailing Address <b>800 PRUDENTIAL DR JACKSONVILLE, FL 32207</b>	<b>60032663</b> 
<b>DO NOT WRITE IN THIS SPACE</b>		
04102008 No Chg-NP CR2E037 (4/06)		
4. FEI Number <b>75-3198121</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>GRANGER, HARVEY 1325 SAN MARCO BLVD SUITE 902 JACKSONVILLE, FL 32207</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, A HUGH 800 PRUDENTIAL DR JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILBANKS, JOHN F 800 PRUDENTIAL DR JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOHN H JR 800 PRUDENTIAL DR JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GRANGER, HARVEY 1325 SAN MARCO BLVD., #902 JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
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
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>