

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N35375 (7)**  
 1. Corporation Name  
**BAPTIST MEDICAL CENTER OF THE BEACHES, INC.**



Principal Place of Business C/O WILLIAM C. MASON, PRESIDENT 800 PRUDENTIAL DRIVE JACKSONVILLE FL 32207	Mailing Address C/O WILLIAM C. MASON, PRESIDENT 800 PRUDENTIAL DRIVE JACKSONVILLE FL 32207  c/o William C. Mason
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3. Date Incorporated or Qualified <b>11/27/1989</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-2980620</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>1350 13th Avenue South</b>	2a. Mailing Address 26 <b>1301 Riverplace Blvd.</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>Suite 1700</b>
City & State 23 <b>Jacksonville Beach, FL</b>	City & State 28 <b>Jacksonville, FL</b>
Zip 24 <b>32250</b>	Country 25 <b>USA</b>
Zip 29 <b>32207</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**SMITH HULSEY & BUSEY**  
**1800 FIRST UNION NATIONAL BANK TOWER**  
**225 WATER STREET**  
**JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name <b>Harvey Granger, General Counsel</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1301 Riverplace Blvd., Suite 1700</b>
83
84 City <b>Jacksonville</b>
85 State <b>FL</b>
Zip Code <b>32207</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  **Harvey Granger, General Counsel** **7-29-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVCS</b> <b>GREENE, A. HUGH</b> <b>800 PRUDENTIAL DRIVE</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>LYNCH, WILLIAM JR. MD</b> <b>357 11TH AVE SOUTH</b> <b>JACKSONVILLE BCH FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>JACKSON, REBECCA B.</b> <b>800 PRUDENTIAL DRIVE</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCORMICK, J.T.</b> <b>430 1ST AVE SOUTH</b> <b>JACKSONVILLE BCH FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOUGLAS, T O'NEAL</b> <b>76 SOUTH LAURA ST</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>DVCST</b> <b>Greene, A. Hugh</b> <b>1301 Riverplace Blvd., Suite 1700</b> <b>Jacksonville, FL 32207</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>AS</b> <b>Jackson, Rebecca B.</b> <b>1301 Riverplace Blvd., Suite 1700</b> <b>Jacksonville, FL 32207</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Rebecca B. Jackson** **7-29-96** **904/202-4001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)

BAPTIST MEDICAL CENTER OF THE BEACHES, INC.

D	Wainwright, William R., M.D.	350 South 10th Ave.	Jacksonville Beach, FL 32250
D	Deese, Roy	681 South Third Street	Jacksonville Beach, FL 32250
D	Chao, Don	1617 Beach Blvd.	Jacksonville Beach FL 32250
DP	Everett M. Devaney	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207