

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35375 (7)

1. Corporation Name

BAPTIST MEDICAL CENTER OF THE BEACHES, INC.



Principal Place of Business

Mailing Address

1350 13TH AVENUE SOUTH
JACKSONVILLE FL 32207
US

C/O WILLIAM C. MASON, PRESIDENT
1301 RIVERPLACE BLVD #1700
JACKSONVILLE FL 32207-8047
US

3. Date Incorporated or Qualified
11/27/1989

3a. Date of Last Report
08/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2980620

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANGER, HARVEY
1301 RIVERPLACE BLVD
SUITE 1700
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVCS DELETE
NAME GREENE, A. HUGH
STREET ADDRESS 1301 RIVERPLACE BLVD #1700
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE DVCST Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DC DELETE
NAME LYNCH, WILLIAM JR. MD
STREET ADDRESS 357 11TH AVE SOUTH
CITY-ST-ZIP JACKSONVILLE BCH FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE AS DELETE
NAME JACKSON, REBECCA B.
STREET ADDRESS 1301 RIVERPLACE BLVD #1700
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME MCCORMICK, J.T.
STREET ADDRESS 430 1ST AVE SOUTH
CITY-ST-ZIP JACKSONVILLE BCH FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME DOUGLAS, T O'NEAL
STREET ADDRESS 76 SOUTH LAURA ST
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D Change Addition
6.2 NAME Swann, John H.
6.3 STREET ADDRESS 1301 Riverplace Blvd., Ste 1700
6.4 CITY-ST-ZIP Jacksonville, FL 32207

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* Rebecca B. Jackson, Asst. Secretary 904/2024001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-23-97

Daytime Phone #0004800

CR2E037 (9/96)

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