FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N35375

(7)

BAPTIST MEDICAL CENTER OF THE BEACHES, INC.

Principal Plac	e of Business	Mailing Address				
1350 13TH AVE		C/O WILLIAM C. MASON.	PRESIDEN	т		
JACKSONVILLE		1301 RIVERPLACE BLVD		•		
US		JACKSONVILLE FL 32207- US	9047			3. Date Incorporated or Qualified
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-2980620 Not Applicable
Suite, Apt	#, etc.	Suite, Apt, #, etc.				5. Certificate of Status Desired \$8.75 Additional
22 City 6 Stat		City & State				Fee Required
City & Stat	e 	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Country	28	Cou	intry		This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes Yes X No
	9. Name and Address of Curren		1771	T		10. Name and Address of New Registered Agent
				81	Name	
GRANGE	R, HARVEY			82	Street /	Address (P.O. Box Number is Not Acceptable)
	ERPLACE BLVD				25.00(7	The state of the s
SUITE 17				83		
JACKSO.	NVILLE FL 32207			84	City	85 Zip Code
						FL 5 219 5555 5
SIGNATURE	Signature, typed or printed name of registered age			d Age	ent signature	re required when reinstating) DATE
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TOTLE	DVCS Greene, A. Hugh	☐ DELETE	1.1 TI			DVCST ic Change Addition
NAME STREET ADDRESS	1301 RIVERPLACE BLVD #170	m	1.2 N		ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	,,,			T-21P	
TITLE	DC	DELETE	2.1 1		1-20	☐ Change ☐ Additio
NAME	LYNCH, WILLIAM JR. MD		2.2 N		1	
STREET ADDRESS	357 11TH AVE SOUTH		2.3 \$	TREET	ADDRESS	
CITY-S1-ZIP	JACKONVILLE BCH FL		2.40	HY-	ST-ZIP	
TITLE	AS	☐ DELETE	3.1 T	TLE		Change Addition
NAME	JACKSON, REBECCA B.		3.2 N	AME		
STREET ADDRESS	1301 RIVERPLACE BLVD #170	00	335	TREET	ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	& Ociete		_	ST-ZIP	
TITLE	D LICCOPHICK LT	DELETE	4.1 T			Change Addition
NAME	MCCORMICK, J.T. 430 1ST AVE-SOUTH	•		AME	******	
STREET ADDRESS	JACKSONVILLE BCH FL				ADDRESS	
CITY-ST-ZIP TITLE	D Z	DELETE	4.4 C 5.1 T		ST-ZIP	☐ Change ☐ Additio
NAME	DOUGLAS, X O'NEAL	X	5.2 N			January I route
STREET ADDRESS	76 SOUTH LAURA ST	•			ADDRESS	1
CITY-ST-ZIP	JACKSONVILLE FL				iT - ZiP	
TITLE		DELETE	6.1 T			D Change & Additio
NAME			6.2 N	AME		Swann, John H.
STREET ADDRESS			6.3 \$	TREET	ADDRESS	1301 Riverplace Blvd., Ste 1700
01717 61 717					- TID	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 final 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 or flook 13 if changes, or on an attachment with an address. Rebecca Bill Jackson, Asst. Secretary

FILED

May 01 1997 8:00am

Secretary of State

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