


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1390 13TH AVENUE SOUTH JACKSONVILLE FL 32207 US</b>	Mailing Address <b>C/O WILLIAM C. MASON, PRESIDENT 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL 32207 US</b>
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3. Date Incorporated or Qualified  
**11/27/1989**

4. FEI Number <b>59-2980620</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**GRANGER, HARVEY  
1301 RIVERPLACE BLVD  
SUITE 1700  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>DVST</b>	<input type="checkbox"/> DELETE
NAME <b>GREENE, A. HUGH</b>	
STREET ADDRESS <b>1301 RIVERPLACE BLVD #1700</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>DC</b>	<input type="checkbox"/> DELETE
NAME <b>LYNCH, WILLIAM JR. MD</b>	
STREET ADDRESS <b>357 11TH AVE SOUTH</b>	
CITY-ST-ZIP <b>JACKSONVILLE BCH FL</b>	
TITLE <b>AS</b>	<input type="checkbox"/> DELETE
NAME <b>JACKSON, REBECCA B.</b>	
STREET ADDRESS <b>1301 RIVERPLACE BLVD #1700</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>SWANN, JOHN H</b>	
STREET ADDRESS <b>1301 RIVERPLACE BLVD., STE 1700</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32207</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 *[Handwritten Signature]*

CP2E037 (10/97)

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
D	Maher, John J.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D	Mason, William C.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
<i>(addition)</i> VP	Mitrick, Joe	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
<i>(change)</i> VP/S/T	Lukaszewski, Michael	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207