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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N35375

1. Corporation Name

BAPTIST MEDICAL CENTER OF THE BEACHES, INC.

545435 - 90043 - 3 5 *

Principal Place of Business

1350 13TH AVENUE SOUTH
 JACKSONVILLE FL 32207
 US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/27/1989

4. FEI Number

59-2980620

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 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

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

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

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

TITLE D DELETE
 NAME SWANN, JOHN H
 STREET ADDRESS 1301 RIVERPLACE BLVD., STE 1700
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *[Signature]* **Assistant Secretary** 4-23-99 904/202-4005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

545435-90043-3

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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
V	Mitrick, Joe	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
VST	Lukaszewski, Michael	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207