

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 08:00 AM
Secretary of State

DOCUMENT # N35375

1. Entity Name
BAPTIST MEDICAL CENTER OF THE BEACHES, INC.

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
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2. Principal Place of Business 1350 13TH AVENUE SOUTH Suite, Apt. #, etc.	3. Mailing Address C/O HARVEY GRANGER 1325 SAN MARCO BLVD, SUITE 902 Suite, Apt. #, etc.
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City & State JACKSONVILLE BEACH FL	City & State JACKSONVILLE FL
Zip 32250	Country US
Zip 32207	Country US

4. FEI Number 59-2980620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRANGER HARVEY
 1325 SAN MARCO BOULEVARD
 SUITE 902
 JACKSONVILLE FL 32207 US

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE **04/04/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAO DON 1325 SAN MARCO BLVD, SUITE 902 JACKSONVILLE FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON JOHN K 1325 SAN MARCO BLVD, SUITE 902 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DEESE ROY 1325 SAN MARCO BLVD, SUITE 902 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JACKSON, REBECCA B. 1325 SAN MARCO BLVD, SUITE 902 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LYNCH, WILLIAM JR. MD 1325 SAN MARCO BLVD, SUITE 902 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCP GREENE, A. HUGH 1325 SAN MARCO BLVD, SUITE 902 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA B JACKSON AS 04/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)