


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90336 048 ****61.25

DOCUMENT # N35375	
1. Entity Name BAPTIST MEDICAL CENTER OF THE BEACHES, INC.	

Principal Place of Business 1350 13TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 US	Mailing Address C/O HARVEY GRANGER 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01072004 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number 59-2980620	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GRANGER, HARVEY
1325 SAN MARCO BOULEVARD
SUITE 902
JACKSONVILLE, FL 32207**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENE, A. HUGH <input type="checkbox"/> Delete 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC JOHN K. ANDERSON, JR. <input type="checkbox"/> Delete 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GRANGER, HARVAY <input type="checkbox"/> Delete 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DEESE, ROY <input type="checkbox"/> Delete 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC WAINWRIGHT, WILLIAM R MD <input type="checkbox"/> Delete 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAO, DON <input type="checkbox"/> Delete 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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)(i), 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: Harvey Granger **4/28/04** **904-202-5010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #