

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90237 045 ****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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRANGER, HARVEY 1325 SAN MARCO BOULEVARD SUITE 902 JACKSONVILLE, FL 32207				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENE, A. HUGH		NAME	Bono, Ernest P., Sr.	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902		STREET ADDRESS	1325 San Marco Blvd., Suite 902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN K. ANDERSON, JR.		NAME		
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902		STREET ADDRESS		
CITY-ST-ZIP	JACKONVILLE, FL 32207		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANGER, HARVAY		NAME		
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEESE, ROY		NAME		
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE	DVC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAINWRIGHT, WILLIAM R MD		NAME		
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAO, DON		NAME		
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
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: <u>Harvey Granger</u>			Date: <u>4/28/05</u>		Daytime Phone #: <u>904-202-5066</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

14008656



04272005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2980620 Applied For Not Applicable

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

FL

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

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SIGNATURE: Harvey Granger Date: 4/28/05 Daytime Phone #: 904-202-5066