


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90168 014 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|--|---|--|---|
| 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 - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-2980620 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____ | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | DP GREENE, A. HUGH 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC JOHN K. ANDERSON, JR. 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS GRANGER, HARVEY 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS Harvey Granger 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 BONO, SR, ERNEST P 1325 SAN MARCO BLVD, STE 902 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVC WAINWRIGHT, WILLIAM R MD 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAO, DON 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete | 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 exemptions contained in Chapter 119, 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>A. H. Greene</u> | | 4/28/08 904-202-4011 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |