

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35375

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

1350 13TH AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

C/O HARVEY GRANGER
1325 SAN MARCO BLVD. SUITE 902
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-2980620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GREENE, A. HUGH
Address: 1325 SAN MARCO BLVD. SUITE 902
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DC () Delete
Name: JOHN K. ANDERSON, JR.
Address: 1325 SAN MARCO BLVD. SUITE 902
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: AS () Delete
Name: GRANGER, HARVEY
Address: 1325 SAN MARCO BLVD, SUITE 402
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DST () Delete
Name: BONO, SR, ERNEST P
Address: 1325 SAN MARCO BLVD, STE 902
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DVC () Delete
Name: WAINWRIGHT, WILLIAM R MD
Address: 1325 SAN MARCO BLVD. SUITE 902
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D () Delete
Name: CHAO, DON
Address: 1325 SAN MARCO BLVD. SUITE 902
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY GRANGER

AST

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date