

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 Aug 05 1996 8:00 am  
 Secretary of State

DOCUMENT # N94000000920 (8)

1. Corporation Name  
 BAPTIST MEDICAL CENTER OF NASSAU, INC.

Principal Place of Business Mailing Address  
 1325 SAN MARCO BLVD. SUITE 901 JACKSONVILLE FL 32207  
 1325 SAN MARCO BLVD. SUITE 901 JACKSONVILLE FL 32207

3. Date Incorporated or Qualified 02/22/1994  
 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 21 1250 South 18th Street  
 2a. Mailing Address g/o William C. Mason 26 1301 Riverplace Blvd.

4. FEI Number 59-3234721  
 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite 1700

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

23 City & State Fernandina Beach FL 28 Jacksonville, FL

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

24 Zip 32034 25 Country USA 29 Zip 32207 30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOC.  
 225 WATER ST.  
 1800 FIRST UNION NATIONAL BANK  
 JACKSONVILLE FL 32202

81 Name Harvey Granger, General Counsel  
 82 Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd.  
 83 Suite 1700  
 84 City Jacksonville FL 85 Zip Code 32207

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Harvey Granger* Harvey Granger DATE 7-29-96  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MASON, WILLIAM C	
STREET ADDRESS	800 PRUDENTIAL DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOUGLAS, T. O'NEAL	
STREET ADDRESS	800 PRUDENTIAL DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, CAROL C	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENE, A. HUGH	
STREET ADDRESS	800 PRUDENTIAL DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/VC/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mason, William C.	
1.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Greene, A. Hugh	
4.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
4.4 CITY-ST-ZIP	Jacksonville, FL 32207	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rebecca B. Jackson* (Rebecca) B. Jackson 7-29-96 904/202-4001  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)

BAPTIST MEDICAL CENTER OF NASSAU, INC.

D/C	Bosland, Paul C.	16 Sea Marsh Road	Amelia Island, FL 32034
D	Branan, Joni	3852 Pirates Way	Yulee, FL 32097
D	McCully, James, G., M.D.	1250 South 18th Street	Fernandina Beach, FL 32034
D	Miller, David F.	1678 South Eighth Street	Fernandina Beach, FL 32034
V/T	Lukaszewski, Michael	800 Prudential Drive	Jacksonville, FL 32207
AS	Jackson, Rebecca B.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D	Betty Cook	Route 1, Box 1080	Callahan, FL 32011