FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400000920 (8) 1. Corporation Name

BAPTIST MEDICAL CENTER OF NASSAU, INC.

1250 SOUTH 18TH STREET FERNADAINA BEACH FL 32034 US		C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL 32207-8047 US		3. Date Incorporated or Qualified 02/22/1994	3a. Dat 0	6/05/199	teport }6		
2. Principal Place of Business 2a. Mailing Address			····			4. FEI Number 59-3234721	<u> </u>		pplied For
21 26						35-3234721			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, et						5. Certificate of Status Desired			Additional equired
City & State		City & State	City & State			6, Election Campaign Financing			May Be
23	ile.	28				Trust Fund Contribution			to Fees
Zip	Z _{ID} Country Z _{ip}		Country			8. This corporation has liability for	intangible i	ax under s	s. 199.032,
24	25	29	30					No	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered A	gent	
				81 1	Name				
	ER, HARVEY GENERAL			82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 1	VERPLACE BLVD 700			83					
	NMILLE FL 32207			84 (City			85 Zip	Code
					,		FL		1
11. Pursuant office or agent. I	am tamiliar with, and accept the bu	nigations or, Section 617.0503, F	ionoa sia	iules.		poration submits this statement for the plants board of directors. I hereby acce		onanging i vintment as	ns registered
Signature typed or printed name of registered agent and title if applicable. (NOTE:			TE: Registere 13.			DATE CERS AND	DIRECTO	RS IN 12	
12.	DVCP	DELETE	1.1 1	ITLE		ADDITIONS/OFFAINGES TO OFFI	JE110 71110	Change	
NAME	MASON, WILLIAM C		1.2 N	IAME					Ì
STREET ADDRESS	ARRA DISCODI ACE DI LOS A	1700	1.3 \$	TREET AD	DRESS				
CITY - ST - ZIP	JACKSONVILLE FL		1.4 0	ITY-ST-	ZIP				
TITLE	D	DELETE	2.1 T	ITLE				Change	Addition
NAME	COOK, BETTY		2.2 N	IAME					
STREET ADDRESS	1 .		2.3 S	2.3 STREET ADDRESS					
CITY-ST-ZIP	CALLAHAN FL	D Dr. FTC	_	CITY-ST-	ZIP			Change	Addition
TITLE	D DAVAD	DELETE	3.1 T					L Change	CT VIOLUNI
NAME	MILLER, DAVID 1678 S EIGHTH STREET		3.2 N		E EET ADDRESS				
STREET ADDRESS	FERNANDINA BEACH FL		1	CITY - ST -					
CITY-S1-ZIP	DVS	DELETE	4.1 T		211			Change	Addition
NAME	GREENE, A. HUGH	- ''	4.21	NAME					
STREET ADDRESS	TAKE OR FOREIGN AND DIES.	1700	4.3 \$	STREET AC	DORESS				
CITY-ST-ZIP	JACKSONVILLE FL		4.40	CITY-ST-	ZIP				
TITLE		DELETE	5.1 T	TITLE				☐ Change	Addition
NAME			5.2 N	NAME					
STREET ADDRESS	5		5.3 \$	STREET AL	DORESS				
CITY - S1 - ZIP		T DELETE		CITY-ST-	ZIP			Change	Addition
TITLE		☐ DELETÉ	1	ritle Name				rmi cilalific	
NAME			6,2 1	NAME					į.

GNATURE ZULLING DE PRINTED NAME OF BIGNING OFFICER OR DIRECTOR DOM: 4-23-97 Destine Phone #000

14. I do 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 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 of Block 13 if chapter of on an attachment with an address.

6.3 STREET ADDRESS

BAPTIST MEDICAL CENTER OF NASSAU, INC.

D/C	Bosland, Paul C.	16 Sea Marsh Road	Amelia Island, PL 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