NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9400000920

1. Corporation Name

BAPTIST MEDICAL CENTER OF NASSAU, INC.

Fillicipal Flace of Business
1250 SOUTH 18TH STREET FERNADNINA BEACH FL 32034 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

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Oringinal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL 32207

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FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90043 018 ****61.25

Applied For

\$8.75 Additional

Fee Required

Not Applicable



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

02/22/1994

59-3234721

4. FEI Number

- .- SOUTS - 18

Zip	Country	Zip	Country		6. Election Camp	aign Financing	\$5.00	Mav Be
24	25	29 30	<u> </u>		Trust Fund Contribution		Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
		<u>, </u>	81	Name				
OBJUSED HARIEN OFFICEA				01	(D.O. D	r in Net Assentable)		
GRANGER, HARVEY GENERAL				Street Add	ress (P.O. Box Numbe	r is Not Acceptable)		
1301 RIVERPLACE BLVD						***************************************		.
SUITE 1700							1 1	
JACKSONVILLE FL 32207				City		_	EL 85 Zip C	
office or r	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of i m familiar with, and accept the obligation	Florida. Such change was auth	orized by	the corporati	poration submits this st on's board of directors	tatement for the purpose to I hereby accept the ap	of changing its i pointment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent an	od title if applicable (NOTE: Re	distand Ader	r signature recuir	ed when reinstating)	DATE		
12.	OFFICERS AND		13.			ANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE				Change	Addition
NAME	MASON, WILLIAM C	_	1.2 NAME					
STREET ADDRESS				ADDRESS				
	JACKSONVILLE FL		1.4 CITY-S	1				
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME	COOK. BETTY		2.2 NAME					
STREET ADDRESS	RT 1 BOX 1080		2.3 STREET	ADDRESS				
	CALLAHAN FL		2. 4 CITY-S	1				
CITY-ST-ZIP TITLE	D D	☐ DELETE	3.1 TITLE	1-gir			☐ Change	Addition
NAME	MILLER, DAVID	-	3.2 NAME	1				
				ADDRESS				
STREET ADDRESS	7070 0 0.000000		3.4. CITY-S	1				
CITY-ST-ZIP TITLE	FERNANDINA BEACH FL DVCP	☐ DELETE	4.1 TITLE	11-24			Change	Addition
	- ' - '	<u> </u>	4.2 NAME	İ				
NAME	Greene, A. Hugh 1301 Riverplace BLVD #1700			ADDRESS				
STREET ADDRESS	JACKSONVILLE FL		4.4 CITY-S					
CITY-ST-ZIP	JACKSONVILLE FL	☐ DELETE	5.1 TITLE	, u			Change	Addition
NAME		_	5.2 NAME				-	
STREET ADDRESS			5.3 STREE	ADDRESS				
			5.4 CITY-S	T-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
			6.3 STREE	TADDRESS				
STREET ADDRESS			6.4 CITY-S	i				
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for th	e exempt	ion stated in	Section 119.07(3)(i). F	lorida Statutes. I further	certify that the in	formation
indicated	on this annual report or supplemental at	nnual report is true and accurat	te and tha	t my signatur	e shall have the same	legal effect as if made i	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, with all other like empowered.

SIGNATURE:

PFOMSSUSTant Secretary 4-23-99

904/202-4005

545450-90043-18

DOCUMENT # N9400000920 BAPTIST MEDICAL CENTER OF NASSAU, INC.

D	Albert, Charles L.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D/C	Bosland, Paul C.	16 Sea Marsh Road	Amelia Island, FL 32034
D	Branan, Joni	3852 Pirates Way	Yulee, FL 32097
D	Maher, John J.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D	McCully, James, G., M.D.	1250 South 18th Street	Fernandina Beach, FL 32034
V	Mayo, Jim	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
V/S/T	Lukaszewski, Michael	800 Prudential Drive	Jacksonville, FL 32207
AS	Jackson, Rebecca B.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207