

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 08:00 AM
Secretary of State

DOCUMENT # N94000000920

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

Principal Place of Business 1325 SAN MARCO BLVD., SUITE 901 JACKSONVILLE FL 32207 US	Mailing Address 1325 SAN MARCO BLVD., SUITE 901 JACKSONVILLE FL 32207 US
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2. Principal Place of Business 1250 SOUTH 18TH STREET Suite, Apt. #, etc.	3. Mailing Address C/O HARVEY GRANGER Suite, Apt. #, etc. 1325 SAN MARCO BLVD., SUITE 902
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City & State FERNANDINA BEACH FL	City & State JACKSONVILLE FL	4. FEI Number 59-3234721	Applied For Not Applicable
Zip 32034	Country US	Zip 32207	Country US

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE **HARVEY GRANGER** DATE **04/17/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JACKSON REBECCA B 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCP GREENE A. HUGH 1325 XAN MARCO BLVD., SUITE 902 JACKSONVILLE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BOSLAND PAUL C 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 COOK BETTY 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	D MASON WILLIAM C 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(f), 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: **REBECCA B. JACKSON** AS 04/17/2001

CR2E037 (11/00)