


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90423 038 ****61.25

DOCUMENT # N94000000920

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



Principal Place of Business
**1250 SOUTH 18TH STREET
 FERNANDINA BEACH, FL 32034 US**

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

40000013



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05012006 Chg-NP CR2E037 (4/06)

City & State

4. FEI Number
59-3234721

Applied For
 Not Applicable

Zip Country Zip Country

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**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

**Make check payable to
 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AST GRANGER, HARVEY 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST BRYAN, CHRISTINA 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC BOSLAND, PAUL C 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVCP GREENE, A. HUGH 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVC TOWNSEND, JAMES M 1325 SAN MARCO BLVD, SUITE 902 JACKSONVILLE, FL 32207 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HUGH, GREENE A 1325 SAN MARCO BLVD SUITE 902 JACKSONVILLE, FL 32207 | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 exemptions contained 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 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: *A. Hugh Greene* **4/28/06** **904-202-5010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #