


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90168 015 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N94000000920 1. Entity Name BAPTIST MEDICAL CENTER OF NASSAU, INC.	
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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
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60032661



04102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3234721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GRANGER, HARVEY
 1325 SAN MARCO BOULEVARD
 SUITE 902
 JACKSONVILLE, FL 32207**

DO NOT WRITE
 IN THIS SPACE

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, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE	DC
NAME	TOWNSEND, JAMES M
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	DST
NAME	BRYAN, CHRISTINA
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	DVC
NAME	KEFFER, RICK
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	DVC
NAME	TOWNSEND, JAMES M
STREET ADDRESS	1325 SAN MARCO BLVD, SUITE 902
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	DP
NAME	GREENE, HUGH A
STREET ADDRESS	1325 SAN MARCO BLVD SUITE 902
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Arnell Greave* 4/28/08 904-202-5010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #