

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90177 019 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

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 \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MASON, WILLIAM C</b> <b>1325 SAN MARCO BLVD., SUITE 902</b> <b>JACKSONVILLE FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AST</b> <b>Harvey Granger</b> <b>1325 San Marco Blvd. Suite 902</b> <b>Jacksonville, FL 32207</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>COOK, BETTY</b> <b>1325 SAN MARCO BLVD., SUITE 902</b> <b>JACKSONVILLE FL 32207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>BOSLAND, PAUL C</b> <b>1325 SAN MARCO BLVD., SUITE 902</b> <b>JACKSONVILLE FL 32207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVCP</b> <b>GREENE, A. HUGH</b> <b>1325 SAN MARCO BLVD., SUITE 902</b> <b>JACKSONVILLE FL 32207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>JACKSON, REBECCA B</b> <b>1325 SAN MARCO BLVD., SUITE 902</b> <b>JACKSONVILLE FL 32207</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(i), 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: *Signature Required* **Harvey Granger** 4/24/03 904-202-5000

CR2E037 (10/02)