

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005804 (7)

1. Corporation Name

BAPTIST/ST. VINCENT'S AMBULATORY SERVICES, INC.



Principal Place of Business

Mailing Address

1301 RIVERPLACE BLVD  
SUITE 1700  
JACKSONVILLE FL 32207

1301 RIVERPLACE BLVD  
SUITE 1700  
JACKSONVILLE FL 32207-9047

3. Date Incorporated or Qualified  
11/04/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

59-340759

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANGER, HARVEY  
1301 RIVERPLACE BLVD  
SUITE 1700  
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Dvorak, Robert M.		
1.3 STREET ADDRESS	1301 Riverplace Blvd., Ste 1700		
1.4 CITY-ST-ZIP	Jacksonville, FL 32207		
2.1 TITLE	DP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Greene, A. Hugh		
2.3 STREET ADDRESS	800 Prudential Drive		
2.4 CITY-ST-ZIP	Jacksonville, FL 32207		
3.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Logue, John W.		
3.3 STREET ADDRESS	1301 Riverplace Blvd., Ste 1700		
3.4 CITY-ST-ZIP	Jacksonville, FL 32207		
4.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Mason, William C.		
4.3 STREET ADDRESS	1301 Riverplace Blvd., Ste 1700		
4.4 CITY-ST-ZIP	Jacksonville, FL 32207		
5.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	Thompson, Carol C.		
5.3 STREET ADDRESS	1301 Riverplace Blvd., Ste 1700		
5.4 CITY-ST-ZIP	Jacksonville, FL 32207		
6.1 TITLE	V	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	Wilbanks, John F.		
6.3 STREET ADDRESS	800 Prudential Drive		
6.4 CITY-ST-ZIP	Jacksonville, FL 32207		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Rebecca B. Jackson* Rebecca B. Jackson, Secretary 4-23-97 904/2024001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0004818

CR2E037 (9/96)

BAPTIST/ST.VINCENT'S AMBULATORY SERVICES, INC.

S	Jackson, Rebecca B.	1301 Riverplace Blvd. Ste 1700	Jacksonville, FL
T	Perry, Linda	1325 San Marco Blvd. Ste 901	Jacksonville, FL