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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

3. Date Incorporated or Qualified

11/04/1996

4. FEI Number

59-3440739

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DVORAK, ROBERT M
STREET ADDRESS 1301 RIVERPLACE BLVD., STE 1700
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DP
NAME GREENE, A. HUGH
STREET ADDRESS 800 PRUDENTIAL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME LOGUE, JOHN W
STREET ADDRESS 1301 RIVERPLACE BLVD., STE 1700
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MASON, WILLIAM C
STREET ADDRESS 1301 RIVERPLACE BLVD., STE 1700
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME THOMPSON, CAROL C
STREET ADDRESS 1301 RIVERPLACE BLVD., STE 1700
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME JACKSON, REBECCA B
STREET ADDRESS 1301 RIVERPLACE BLVD., STE 1700
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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

CR2E037 (10/97)

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

D	Maier, John J.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
VP	Wilbanks, John	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
T	Perry, Linda	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207