


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90423 032 ****61.25

DOCUMENT # N96000005804

1. Entity Name
BAPTIST HEALTH AMBULATORY SERVICES, INC.



Principal Place of Business
**1325 SAN MARCO BLVD.
 SUITE 902
 JACKSONVILLE, FL 32207 US**

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

40080019



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05012006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-3410739				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			7. Name and Address of New Registered Agent				
GRANGER, HARVEY 1325 SAN MARCO BLVD. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GREENE, A. HUGH			NAME	Wilbanks, John F.		
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902			STREET ADDRESS	1325 San marco Blvd., Suite 902		
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	Jacksonville, FL 32207		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MASON, WILLIAM C			NAME	Lukaszewski, Michael		
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902			STREET ADDRESS	1325 San Marco Blvd., Suite 902		
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	Jacksonville, FL 32207		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMPSON, CAROL C			NAME			
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILBANKS, JOHN F			NAME			
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUKASZEWSKI, MICHAEL			NAME			
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRANGER, HARVEY			NAME			
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP			

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 Mason* **4/28/06** **904-202-5010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #