

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P93000086735 (6)

1. Corporation Name:
BAPTIST/ST. VINCENT'S PEDIATRICS, INC.



Principal Place of Business C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32207 US	Mailing Address C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32207-8047 US
--	---

3. Date Incorporated or Qualified 12/20/1993	3a. Date of Last Report 08/05/1996
4. FEI Number 59-3215071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent
**GRANGER, HARVEY
 GENERAL COUNSEL
 1301 RIVERPLACE BLVD., SUITE 1700
 JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	PARRETT, DONALD O.	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	THOMPSON, CAROL C.	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PERRY, LINDA	
STREET ADDRESS	1325 SAN MARCO BLVD, STE 901	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JACKSON, REBECCA B.	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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 607, 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, Asst. Sec. 4-23-97 904/202-4001**

CR2E034 (9/96)