

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90114 041 ***150.00

DOCUMENT # P96000019245

1. Corporation Name

**BAPTIST/ST. VINCENT'S INTEGRATED DELIVERY ORGANI
ZATION, INC.**

Principal Place of Business

~~ATTN: CLIFFORD R. FRANK~~
~~1637 KING STREET~~
~~JACKSONVILLE FL 32204~~
~~US~~

Mailing Address

~~ATTN: CLIFFORD R. FRANK~~
~~1637 KING STREET~~
~~JACKSONVILLE FL 32204~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1996

4. FEI Number

59-3369217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 720 Gilmore Street

2a. Mailing Address

26 1301 Riverplace Blvd.

**22 Suite, Apt. #, etc.
Suite 600**

**27 Suite, Apt. #, etc.
Suite 1700**

**23 City & State
Jacksonville, FL**

**28 City & State
Jacksonville, FL**

**24 Zip Country
32204 US**

**29 Zip Country
32297 US**

9. Name and Address of Current Registered Agent

**GRANGER, HARVEY
1325 SAN MARCO BLVD-
SUITE 002
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name

**82 Street Address (P.O. Box Number is Not Acceptable)
1301 Riverplace Blvd.,**

83 Suite 1700

84 City Jacksonville, FL 85 Zip Code 32207

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME GROOVER, JACK RD M.D.
STREET ADDRESS 720 GILMORE ST, STE 600
CITY-ST-ZIP JACKSONVILLE FL

TITLE CD ☐ DELETE
NAME MASON, WILLIAM C
STREET ADDRESS 1301 RIVERPLACE BLVD, STE 1700
CITY-ST-ZIP JACKSONVILLE FL

TITLE VCD ☐ DELETE
NAME HARKNESS, CHARLES L D.O.
STREET ADDRESS 720 GILMORE ST, STE 400
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ DELETE
NAME STROMBERG, RICHARD M M.D.
STREET ADDRESS 720 GILMORE ST, STE 600
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE
NAME DVORAK, ROBERT M
STREET ADDRESS 1301 RIVERPLACE BLVD, STE 1700
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME FUSON, JAMES D M.D.
STREET ADDRESS 720 GILMORE ST, STE 600
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Jack Groover, M.D., President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

Date

904/308-7185

Daytime Phone #

0032779

CR2E034 (1/98)

183404-90114-41
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1999 Annual Report

Document #P96000019245 (5)

BAPTIST/ST. VINCENT'S INTEGRATED DELIVERY ORGANIZATION, INC.

#13 (Continued)

D

Julian Allen, M.D.
720 Gilmore Street, Suite 600
Jacksonville, FL 32204

D

A. Hugh Greene
800 Prudential Drive
Jacksonville, FL 32207

D

John W. Logue
1800 Barrs Street
Jacksonville, FL 32204

D

John Maher
1301 Riverplace Blvd., Suite 1700
Jacksonville, FL 32207

D

Todd L. Sack, M.D.
720 Gilmore Street, Suite 600
Jacksonville, FL 32204

D

Carol C. Thompson
1301 Riverplace Boulevard, Suite 1700
Jacksonville, FL 32204

D

Robert H. Threlkel, M.D.
720 Gilmore Street, Suite 600
Jacksonville, FL 32204