

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

0032779

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

03-06-1999 90114 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P96000019245

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



Principal Place of Business Mailing Address
ATTN: CLIFFORD R. FRANK
1637 KING STREET
JACKSONVILLE FL 32204
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 720 Gilmore Street 26 1301 Riverplace Blvd.
22 Suite 600 27 Suite 1700
23 Jacksonville, FL 28 Jacksonville, FL
24 32204 25 US 29 32297 30 US

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

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 GROOVER, JACK RD M.D.
STREET ADDRESS 720 GILMORE ST, STE 600
CITY-ST-ZIP JACKSONVILLE FL
TITLE CD MASON, WILLIAM C
STREET ADDRESS 1301 RIVERPLACE BLVD, STE 1700
CITY-ST-ZIP JACKSONVILLE FL
TITLE VCD HARKNESS, CHARLES L D.O.
STREET ADDRESS 720 GILMORE ST, STE 400
CITY-ST-ZIP JACKSONVILLE FL
TITLE SD STROMBERG, RICHARD M M.D.
STREET ADDRESS 720 GILMORE ST, STE 600
CITY-ST-ZIP JACKSONVILLE FL
TITLE TD DVORAK, ROBERT M
STREET ADDRESS 1301 RIVERPLACE BLVD, STE 1700
CITY-ST-ZIP JACKSONVILLE FL
TITLE D 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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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. 2/2/99 904/308-7185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

183404-90114-41
P96000019245

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