

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
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90043 004 ***150.00

DOCUMENT # P97000107099

1. Corporation Name

**BAPTIST/ST. VINCENT'S PHYSICIAN PRACTICE MANAGEM
ENT COMPANY**

Principal Place of Business

**1301 RIVERPLACE BOULEVARD #1700
JACKSONVILLE FL 32207**

Mailing Address

**C/O WILLIAM C. MASON
1301 RIVERPLACE BLVD. #1700
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1997

4. FEI Number

59-3486994

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

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

**GRANGER, HARVEY
1301 RIVERPLACE BLVD.
SUITE 1700
JACKSONVILLE FL 32207**

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

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 **D** ☐ DELETE

NAME **HARKNESS, CHARLES D.O.**
STREET ADDRESS **1301 RIVERPLACE BLVD. #1700**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ DELETE

NAME **MAHER, JOHN J**
STREET ADDRESS **1301 RIVERPLACE BLVD. #1700**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **DP** ☐ DELETE

NAME **THOMPSON, CAROL C**
STREET ADDRESS **1301 RIVERPLACE BLVD. #1700**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ DELETE

NAME **CLOWER, JAMES W M.D.**
STREET ADDRESS **1301 RIVERPLACE BLVD. #1700**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ DELETE

NAME **DOWNEY, JACKSON M.D.**
STREET ADDRESS **1301 RIVERPLACE BLVD. #1700**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ DELETE

NAME **STICH, MARK A D.O.**
STREET ADDRESS **1301 RIVERPLACE BLVD. #1700**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

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: *Katherine Harris* Secretary

4-23-99

904/202-4005

Date

Daytime Phone #

CR2E034 (11/98)

545436-90043-4

DOCUMENT # P97000107099

BAPTIST/ST. VINCENT'S PHYSICIAN PRACTICE MANAGEMENT COMPANY

V

Mally, Earl B.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207

S

Jackson, Rebecca B.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207

ADDITIONS:

D Czerkowski, Joseph J., Jr., M.D.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207

D Jacobs, Michael B., M.D.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207

D Mark Zoeller, M.D.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207