

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770015

**FILED**  
**Apr 22, 2016**  
**Secretary of State**  
**CC1317081266**

**Entity Name:** BAPTIST HEALTH SYSTEM, INC.

**Current Principal Place of Business:**

841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207 US

**FEI Number:** 59-2487136

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRANGER, HARVEY ESQ.  
841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title	DP	Title	DC
Name	GREENE, A. HUGH	Name	HILL, ROBERT EJR
Address	841 PRUDENTIAL DRIVE, SUITE 1802	Address	841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207
Title	DVC	Title	VAS
Name	BARROW, JOE LJR	Name	GRANGER, HARVEY
Address	841 PRUDENTIAL DRIVE, SUITE 1802	Address	841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207
Title	VP	Title	VAT
Name	WILBANKS, JOHN F	Name	WOOTEN, SCOTT
Address	841 PRUDENTIAL DRIVE, SUITE 1802	Address	841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HARVEY GRANGER **VICE PRESIDENT** **04/22/2016**  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date