

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35375

**Entity Name:** BAPTIST MEDICAL CENTER OF THE BEACHES, INC.

**Current Principal Place of Business:**

1350 13TH AVENUE SOUTH  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207 US

**FEI Number:** 59-2980620

**Certificate of Status Desired:** No

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

GRANGER, HARVEY  
841 PRUDENTIAL DR  
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  
Name GREENE, A. HUGH  
Address 841 PRUDENTIAL DRIVE, SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

Title AS  
Name BAITY, G. SCOTT  
Address 841 PRUDENTIAL DRIVE, SUITE 1802  
City-State-Zip: JACKSONVILLE FL 32207

Title DST  
Name BHIKHA, SONNY  
Address 1350 13TH AVENUE SOUTH  
City-State-Zip: JACKSSONVILLE BEACH FL 32250

Title DIRECTOR, CHAIRMAN  
Name GHILONI, PETER  
Address 1350 13TH AVENUE SOUTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title V  
Name WILBANKS, JOHN F  
Address 841 PRUDENTIAL DR STE 1601  
City-State-Zip: JACKSONVILLE FL 32207

Title VP, CFO  
Name WOOTEN, SCOTT  
Address 841 PRUDENTIAL DRIVE  
SUITE 1802  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR, VC  
Name BRONER, NANCY  
Address 1350 13TH AVENUE SOUTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** A. HUGH GREENE

**PRESIDENT**

**04/27/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date