

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000920

**Entity Name:** BAPTIST MEDICAL CENTER OF NASSAU, INC.

**Current Principal Place of Business:**

1250 SOUTH 18TH STREET  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207 US

**FEI Number:** 59-3234721

**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 DC  
Name KEFFER, RICHARD W  
Address 1250 S.18TH STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

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

Title DVC  
Name BRYAN, CHRISTINA H  
Address 1250 S. 18TH STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

Title V  
Name LEE, STEPHEN  
Address 1250 S. 18TH STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

Title DP  
Name GREENE, HUGH A  
Address 841 PRUDENTIAL DRIVE, SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

Title AS  
Name GRANGER, HARVEY  
Address 841 PRUDENTIAL DRIVE, SUITE 1802  
City-State-Zip: JACKSONVILLE FL 32207

Title VP, CFO  
Name WOOTEN, SCOTT  
Address 841 PRUDENTIAL DRIVE  
SUITE 1802  
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:** A. HUGH GREENE

**PRESIDENT**

**04/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date