

**2022 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:**

BAITY, G. SCOTT ESQ.  
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:** G. SCOTT BAITY

04/22/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, CHAIRMAN, SECRETARY,  
TREASURER  
Name HACKETT, KAREN C.  
Address 1250 S. 18TH STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

Title DP  
Name MAYO, MICHAEL A.  
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 ASST. TREASURER  
Name FINNEGAN, SCOTT  
Address 841 PRUDENTIAL DRIVE  
SUITE 1602  
City-State-Zip: JACKSONVILLE FL 32207

Title VP  
Name HUBEL, ED  
Address 1250 S. 18TH STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

Title VC, DIRECTOR  
Name HENSON, JODI  
Address 1250 S. 18TH STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

*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:** G. SCOTT BAITY

ASSISTANT SECRETARY 04/22/2022

Electronic Signature of Signing Officer/Director Detail

Date