


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90017 045 ****50.00

DOCUMENT # L01000017568

1. Entity Name
BAPTIST PHYSICIAN GROUP, LLC



Principal Place of Business
**1717 NORTH "E" STREET
 STE 320
 PENSACOLA, FL 32501**

Mailing Address
**1717 NORTH "E" STREET
 STE 320 ATTN. J. KEHOE
 PENSACOLA, FL 32501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.


City & State

City & State

Zip Country

Zip Country

20037206



04072005 Chg-LLC CR2E083 (10/03)

4. FEI Number
74-3018052

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**PORTER, JOHN
 1717 NORTH "E" STREET
 STE 320
 PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	PORTER, JOHN	1717 N. "E" ST SUITE 320	PENSACOLA, FL 32501	<input type="checkbox"/>
T	FELKNER, JOE	1717 N. "E" ST SUITE 320	PENSACOLA, FL 32501	<input checked="" type="checkbox"/>
VP	DEBRUICKER, NICOL	8888 NAVARRE PKWY	NAVARRE, FL 32566	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VP	Gilliland, Chad	1717 N. "E" St., Ste. 320	Pensacola, FL 32501	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	McGee, Eleanor	1717 N. "E" St., Ste. 321	Pensacola, FL 32501	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Breeland, Trish	1717 N. "E" St., Ste. 320	Pensacola, FL 32501	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RS	Yaden, Debra A.	1717 N. "E" St., Ste. 320	Pensacola, FL 32501	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company, or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Debra A. Yaden* **Debra A. Yaden, Recording Secretary** **4/8/05** **850/469-2339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #