



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000017568 1. Entity Name BAPTIST PHYSICIAN GROUP, LLC	
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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
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DO NOT WRITE IN THIS SPACE



04102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 74-3018052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

U00000719369
05/01/07-80061-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE P	PORTER, JOHN 1717 N. "E" ST SUITE 320 PENSACOLA, FL 32501
TITLE VP	GILLILAND, CHAD 1717 N. "E" ST SUITE 320 PENSACOLA, FL 32501
TITLE T	MCGEE, ELEANOR 1717 N "E" ST, STE 321 PENSACOLA, FL 32501
TITLE AS	YADEN, DEBRA A 1717 N "E" ST, STE 320 PENSACOLA, FL 32501
TITLE NAME	
TITLE NAME	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Asst. Sec.** **4/10/07** **505/869-2339**

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