


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90234 028 \*\*\*138.75

**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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**60020510**



03252008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>74-3018052</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>	
PORTER, JOHN 1717 NORTH "E" STREET STE 320 PENSACOLA, FL 32501	
<b>7. Name and Address of New Registered Agent</b>	
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P	<input type="checkbox"/> Delete	TITLE Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PORTER, JOHN		NAME Anderson, Laura	
STREET ADDRESS 1717 N. "E" ST SUITE 320		STREET ADDRESS 1717 N "E" St., Ste. 321	
CITY-ST-ZIP PENSACOLA, FL 32501		CITY-ST-ZIP Pensacola, FL 32501	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILLILAND, CHAD		NAME	
STREET ADDRESS 1717 N. "E" ST SUITE 320		STREET ADDRESS	
CITY-ST-ZIP PENSACOLA, FL 32501		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCGEE, ELEANOR		NAME	
STREET ADDRESS 1717 N "E" ST, STE 321		STREET ADDRESS	
CITY-ST-ZIP PENSACOLA, FL 32501		CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YADEN, DEBRA A		NAME	
STREET ADDRESS 1717 N "E" ST, STE 320		STREET ADDRESS	
CITY-ST-ZIP PENSACOLA, FL 32501		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.** 3/25/08 850/469-2339

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