2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017568

Entity Name: BAPTIST PHYSICIAN GROUP, LLC

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1717 NORTH "E" STREET 1717 NORTH E ST STE 320 STE 320

PENSACOLA, FL 32501 PENSACOLA, FL 32501

Current Mailing Address: New Mailing Address:

1717 NORTH "E" STREET 1717 NORTH E ST

STE 320 ATTN. J. KEHOE STE 320 ATTN. J. KEHOE PENSACOLA, FL 32501 PENSACOLA, FL 32501

FEI Number: 74-3018052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PORTER, JOHN PORTER, JOHN 1717 NORTH "E" STREET 1717 NORTH EST

STE 320 STE 320 PENSACOLA, FL 32501 US PENSACOLA, FL 32501 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: 03/19/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title: (X) Change () Addition

PORTER, JOHN PORTER, JOHN Name: Name: 1717 N. Address: 1717 N. E ST STE 320 Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: PENSACOLA, FL 32501

(X) Change () Addition Title: Title: () Delete

GILLILAND, CHAD Name: GILLILAND, CHAD Name: Address: 1717 N. Address: 1040 GULF BREEZE PKWY

City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: GULF BREEZE, FL 32561

Title: () Delete Title: (X) Change () Addition MCGEE, ELEANOR MCGEE, ELEANOR Name: Name:

1717 N E ST STE 321 Address: 1717 N Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: PENSACOLA, FL 32501

Title: AS () Delete Title: AS (X) Change () Addition

YADEN, DEBRA A Name: Name: YADEN, DEBRA A Address: 1717 N Address: 1717 N E ST STE 320 City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: PENSACOLA, FL 32501

Title: () Delete Title: (X) Change () Addition

ANDERSON, LAURA HARRISON, DANA Name: Name:

1040 GULF BREEZE PARKWAY Address: 1717 N Address: PENSACOLA, FL 32501 City-St-Zip: City-St-Zip: GULF BREEZE, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 YADEN 03/19/2009