

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000051943

FILED
Apr 30, 2012
Secretary of State

Entity Name: BAPTIST PRIMARY CARE, INC.

Current Principal Place of Business:

3563 PHILIPS HIGHWAY
BUILDING A, SUITE 101
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

841 PRUDENTIAL DRIVE
SUITE 1802
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3647972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANGER, HARVEY
841 PRUDENTIAL DR STE 1802
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: GREENE, HUGH A
Address: 841 PRUDENTIAL DRIVE, SUITE 1601
City-St-Zip: JACKSONVILLE, FL 32207

Title: DV
Name: MALLY, EARL B
Address: 3563 PHILIPS HIGHWAY, BLDG. A, SUITE 101
City-St-Zip: JACKSONVILLE, FL 32207

Title: DC
Name: CARLOS, PERRY D.O.
Address: 3563 PHILIPS HIGHWAY, BLDG. A, SUITE 101
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: CLOWER, JAMES M.D.
Address: 3563 PHILIPS HIGHWAY, BLDG. A, SUITE 101
City-St-Zip: JACKSONVILLE, FL 32207

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EARL B. MALLY

DV

04/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date