


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90167 027 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000008746 1. Entity Name BAPTIST SPECIALTY PHYSICIANS, INC.	
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Principal Place of Business 1325 SAN MARCO BLVD SUITE 902 JACKSONVILLE, FL 32207	Mailing Address 1325 SAN MARCO BLVD SUITE 902 JACKSONVILLE, FL 32207
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60032648



04102008 No Chg-P CR2E034 (11/05)

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4. FEI Number 86-1126946	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRANGER, HARVEY 1325 SAN MARCO BLVD SUITE 902 JACKSONVILLE, FL 32207	<p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 re-issuing)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	GREENE, A. HUGH
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	DV
NAME	WILBANKS, JOHN F
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	LUKASZEWSKI, MICHAEL
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
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12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: 4/28/08 Daytime Phone #: 904-202-2294