above, or on an attachment with all other like empowered. SIGNATURE: G. SCOTT BAITY SECRETARY

Electronic Signature of Signing Officer/Director Detail

2021 EL ORIDA N	INT FOR PROFIT	CORPORATION	AMENDED ANNUAL
		OOKI OKAHON	AMENDED ANNOAL
REPORT			

DOCUMENT# N1900009680

Entity Name: BAPTIST SPECIALTY PHYSICIANS, INC.

Current Principal Place of Business:

3563 PHILIPS HWY. BLDG. A, STE. 101 JACKSONVILLE, FL 32207

Current Mailing Address:

841 PRUDENTIAL DRIVE **SUITE 1802** JACKSONVILLE, FL 32207 US

FEI Number: 86-1126946

Name and Address of Current Registered Agent:

BAITY, G. SCOTT ESQ. 841 PRUDENTIAL DR., STE. 1802 JACKSONVILLE, FL 32207 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:	G. SCOTT BAITY, ESQ.			06/08/2021
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	DIRECTOR, PRESIDENT	Title	VP	
Name	MAYO, MICHAEL A.	Name	GROOVER, MD, TIMOTHY	
Address	841 PRUDENTIAL DRIVE SUITE 1601	Address	841 PRUDENTIAL DRIVE SUITE 1601	
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207	
Title	DIRECTOR, TREASURER	Title	SECRETARY	
Name	WOOTEN, SCOTT M.	Name	BAITY, G. SCOTT	
Address	841 PRUDENTIAL DRIVE SUITE 1602	Address	841 PRUDENTIAL DRIVE SUITE 1802	
City-State-Zip:	JACKSONVILLE FL 32207	City-State-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 617, Florida Statutes; and that my name appears

Certificate of Status Desired: No

06/08/2021

Date

FILED Jun 08, 2021 Secretary of State 7059568240CC