

**2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000051943

**Entity Name:** BAPTIST PRIMARY CARE, INC.

**FILED  
Dec 09, 2013  
Secretary of State  
CC8494179723**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207

**FEI Number: 59-3647972**

**Certificate of Status Desired: No**

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

GRANGER, HARVEY  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title VP  
Name SIM, EDWARD H.  
Address 841 PRUDENTIAL DRIVE  
SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

Title VP  
Name DONALDSON, MARSHA  
Address 3563 PHILIPS HIGHWAY  
BUILDING A SUITE 101  
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: EDWARD H. SIM**

**VP**

**12/09/2013**

Electronic Signature of Signing Officer/Director Detail

Date