

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000051943

Entity Name: BAPTIST PRIMARY CARE, INC.**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, DIRECTOR
Name	DONALDSON, MARSHA
Address	3563 PHILIPS HIGHWAY BUILDING A SUITE 101
City-State-Zip:	JACKSONVILLE FL 32207

Title	SECRETARY
Name	GRANGER, HARVEY
Address	841 PRUDENTIAL DRIVE SUITE 1802
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: HARVEY GRANGER**SECRETARY****04/28/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date