

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000101644

**Entity Name:** BAPTIST PHYSICIAN ENTERPRISE SERVICES, 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:** 27-1524995**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRANGER, HARVEY ESQ  
841 PRUDENTIAL DRIVE  
SUITE 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	MALLY, EARL B
Address	3563 PHILIPS HIGHWAY, BLDG. A, SUITE 101
City-State-Zip:	JACKSONVILLE FL 32207
Title	D
Name	WILBANKS, JOHN F
Address	841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip:	JACKSONVILLE FL 32207
Title	S
Name	GRANGER, HARVEY
Address	841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip:	JACKSONVILLE FL 32207

Title	D
Name	GREENE, HUGH
Address	841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip:	JACKSONVILLE FL 32207
Title	VP
Name	MENGEL, LEEANN
Address	3563 PHILIPS HIGHWAY, BLDG. A, SUITE 101
City-State-Zip:	JACKSONVILLE FL 32207
Title	V
Name	SIM, EDWARD L
Address	841 PRUDENTIAL DR STE 1601
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 SIM**VICE PRESIDENT****04/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date