

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000033715

**FILED**  
**Apr 25, 2023**  
**Secretary of State**  
**2318930296CC**

**Entity Name:** BAPTIST MD ANDERSON CANCER PHYSICIANS, INC.

**Current Principal Place of Business:**

1301 PALM AVENUE  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

841 PRUDENTIAL DRIVE, SUITE 1802  
JACKSONVILLE, FL 32207 US

**FEI Number:** 46-2620381

**Certificate of Status Desired:** No

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

BAITY, G. SCOTT  
841 PRUDENTIAL DR, 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:** G. SCOTT BAITY

04/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MAYO, MICHAEL A.  
Address        841 PRUDENTIAL DRIVE  
                  SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

Title            SECRETARY  
Name            BAITY, G. SCOTT  
Address        841 PRUDENTIAL DRIVE  
                  SUITE 1802  
City-State-Zip: JACKSONVILLE FL 32207

Title            VP, DIRECTOR  
Name            MENGEL, LEEANN  
Address        1301 PALM AVENUE  
City-State-Zip: JACKSONVILLE FL 32207

Title            VP  
Name            PUTNAM, MD, BILL  
Address        1235 SAN MARCO BLVD.  
City-State-Zip: JACKSONVILLE FL 32207

Title            DIRECTOR, VP  
Name            ZUINO, MATTHEW  
Address        841 PRUDENTIAL DRIVE, SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

Title            TREASURER  
Name            TICKELL, KEITH  
Address        841 PRUDENTIAL DRIVE  
                  SUITE 1602  
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:** G. SCOTT BAITY

**SECRETARY**

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date