

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017568

Entity Name: BAPTIST PHYSICIAN GROUP, LLC

Current Principal Place of Business:

1717 NORTH E ST
STE 320
PENSACOLA, FL 32501

FILED
Apr 30, 2014
Secretary of State
CC3878752020

Current Mailing Address:

1717 NORTH E ST
STE 320 ATTN. MARY MATHEWS
PENSACOLA, FL 32501

FEI Number: 74-3018052

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALLAHAN, ELIZABETH
1717 NORTH E STREET
STE. 320
PENSACOLA, FL 32501 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

Authorized Person(s) Detail :

Title	P
Name	PORTER, JOHN
Address	1717 N. E ST STE 320
City-State-Zip:	PENSACOLA FL 32501
Title	T
Name	MCGEE, ELEANOR
Address	1717 N E ST STE 321
City-State-Zip:	PENSACOLA FL 32501
Title	AS
Name	MATHEWS, MARY
Address	1717 NORTH E ST., STE. 320
City-State-Zip:	PENSACOLA FL 32501

Title	VP
Name	POLLARD, BEAU
Address	1040 GULF BREEZE PKWY
City-State-Zip:	GULF BREEZE FL 32561
Title	S
Name	HARRISON, DANA
Address	1040 GULF BREEZE PARKWAY
City-State-Zip:	GULF BREEZE FL 32561
Title	RECORDING SECRETARY
Name	GORAUM, TRINA
Address	1717 N. E ST. STE. 320
City-State-Zip:	PENSACOLA FL 32501

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY MATHEWS

AS

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date