

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000117237

Entity Name: BAPTIST PHYSICIAN PARTNERS ACO, LLC**Current Principal Place of Business:**841 PRUDENTIAL DRIVE
SUITE 1450
JACKSONVILLE, FL 32207**Current Mailing Address:**841 PRUDENTIAL DRIVE
SUITE 1450
JACKSONVILLE, FL 32207 US**FEI Number:** 82-1698374**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAITY, G. SCOTT 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:** G. SCOTT BAITY

04/05/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name BAPTIST PHYSICIAN PARTNERS, LLC
Address 841 PRUDENTIAL DRIVE, SUITE 1450
City-State-Zip: JACKSONVILLE FL 32207

Title AR
Name GROOVER, TIMOTHY MD
Address 841 PRUDENTIAL DRIVE, SUITE 1450
City-State-Zip: JACKSONVILLE FL 32207

Title AR, SECRETARY
Name STOCKER, ALLISON M. ESQ.
Address 841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip: JACKSONVILLE FL 32207

Title CHAIRMAN
Name SHAPIRO, MD, CRAIG
Address 841 PRUDENTIAL DRIVE
SUITE 1450
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 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: ALLISON M. STOCKER**SECRETARY**

04/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date