


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000012714  
 1. Entity Name  
 BAPTIST PHYSICIAN ASSOCIATES, LLC



Principal Place of Business 1717 NORTH E STREET PENSACOLA, FL 32501 US	Mailing Address 1717 NORTH E STREET SUITE 320 ATTN: J. KEHOE PENSACOLA, FL 32501 US
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04052006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0737321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BEGGS & LANE, RLLP  
 501 COMMENDENCIA ST  
 PENSACOLA, FL 32502

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

1100000509912  
 04/28/06-80054-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAPTIST HOSPITAL, INC. 1000 WEST MORENO STREET PENSACOLA, FL 32501
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: Joyce Kehoe, Dist. Secretary BHI Date: 4/5/06 Daytime Phone #: 850/469-2345