


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
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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DO NOT WRITE IN THIS SPACE



03252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0737321	Applied For Not Applicable
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5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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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 04/16/08-80033-013 138.75

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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 608, Florida Statutes.

SIGNATURE: Joyce Kehoe *Joyce Kehoe* Asst. Sec. *Asst. Sec.* Baptist Hospital, Inc. *Baptist Hospital, Inc.* 3/25/08 *3/25/08* 850/469-2345 *850/469-2345*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #