


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**

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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.* *Baptist Hospital, Inc.* *3/25/08* *850/469-2345*

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