

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012714

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** BAPTIST PHYSICIAN ASSOCIATES, LLC

**Current Principal Place of Business:**

1717 NORTH E STREET  
STE 320  
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

1717 NORTH E STREET  
STE 320 - ATTN: MARY MATHEWS  
PENSACOLA, FL 32501 US

**Current Mailing Address:**

1717 NORTH E STREET  
SUITE 320 ATTN: MARY MATHEWS  
PENSACOLA, FL 32501 US

**New Mailing Address:**

**FEI Number:** 20-0737321      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEGGS & LANE, RLLP  
501 COMMENDENCIA ST  
PENSACOLA, FL 32502 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FAULKNER, MARK  
Address: 1717 NORTH E ST., STE. 320  
City-St-Zip: PENSACOLA, FL 32501

Title: MGR  
Name: VERMILLION, KERRY  
Address: 1717 NORTH E ST., STE. 320  
City-St-Zip: PENSACOLA, FL 32501

Title: MGR  
Name: SKOLROOD, KENT  
Address: 1717 NORTH E ST., STE. 320  
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARY MATHEWS AS 04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date