

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062440

FILED  
Apr 28, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1717 NORTH E STREET  
SUITE 320  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

1717 NORTH E STREET  
SUITE 320  
PENSACOLA, FL 32501

**New Mailing Address:**

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

FEI Number: 26-0386167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BEGGS & LANE, RLLP  
501 COMMENDENCIA STREET  
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: P  
Name: PORTER, JOHN  
Address: 1717 NORTH E STREET STE 320  
City-St-Zip: PENSACOLA, FL 32501

Title: VP  
Name: CADENA, CYD  
Address: 1717 NORTH E ST STE 320  
City-St-Zip: PENSACOLA, FL 32501

Title: T  
Name: MCGEE, ELEANOR  
Address: 1717 NORTH E ST STE 321  
City-St-Zip: PENSACOLA, FL 32501

Title: AS  
Name: PRESSLEY, JAN  
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: JAN PRESSLEY

AS

04/28/2010

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