

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062440

FILED  
Apr 26, 2012  
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 - ATTN: MARY MATHEWS  
PENSACOLA, FL 32501

**New Mailing Address:**

**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:**

CALLAHAN, ELIZABETH  
1000 W. MORENO ST.  
PENSACOLA, FL 32501 US

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: ELIZABETH CALLAHAN

04/26/2012

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: FAULKNER, MARK T  
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: MARY MATHEWS

AS

04/26/2012

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