

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000112902

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** BAPTIST IMAGING CENTER, LLC

**Current Principal Place of Business:**

5330 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32503

**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:** 26-1373637

**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:** MGR  
**Name:** CADENA, CYD  
**Address:** 1000 W MORENO ST  
**City-St-Zip:** PENSACOLA, FL 32501

**Title:** MGR  
**Name:** FAULKNER, MARK  
**Address:** 1000 W MORENO ST  
**City-St-Zip:** PENSACOLA, FL 32501

**Title:** MGR  
**Name:** MUTZ, M.D ERIC P  
**Address:** 1717 N E ST STE 423  
**City-St-Zip:** PENSACOLA, FL 32501

**Title:** MGR  
**Name:** GUPTA, AMIT G MD  
**Address:** 1717 N E ST STE 423  
**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:** CYD CADENA

MGR

04/15/2010

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