

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000067449

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Entity Name:** BAPTIST HOSPITAL NORTH FAMILY PRACTICE, LLC

**Current Principal Place of Business:**

1717 NORTH E ST  
320  
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

**Current Mailing Address:**

1717 NORTH E ST  
320  
PENSACOLA, FL 32501 US

**New Mailing Address:**

**FEI Number:** 26-2977061      **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 ( ) Delete  
Name: BAPTIST HOSPITAL, IN, C.  
Address: 1717 NORTH  
City-St-Zip: PENSACOLA, FL 32501 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BAPTIST HOSPITAL, IN, C.  
Address: 1717 NORTH E ST STE 320  
City-St-Zip: PENSACOLA, FL 32501 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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

03/24/2009

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