2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2011
Secretary of State

DOCUMENT# L08000067449

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 - ATTN: MARY MATHEWS
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
Name: SKOLROOD, KENT D
Address: 1717 NORTH E ST STE 320
City-St-Zip: PENSACOLA, FL 32501 US

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

Title: MGR
Name: VERMILLION, KERRY W
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 Statues.

SIGNATURE: MARY MATHEWS AS 04/13/2011

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