

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L0900042980

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H23000320502 3)))



H230003205023ABCF

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : BEGGS & LANE  
 Account Number : I20020000155  
 Phone : (850)432-2451  
 Fax Number : (850)469-3331

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jessica.andrade@bhcpns.org

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 BAPTIST MEDICAL GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

**RECEIVED**

2023 SEP 12 PM 4:13

FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

2023 SEP 13 5:15

((1123000320502 3)))

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Baptist Medical Group, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Jessica C. Andrade  
Name of Person

Baptist Health Care, Inc.  
Firm/Company

125 Baptist Way, Suite 6A  
Address

Pensacola, Florida 32503  
City/State and Zip Code

jessica.andrade@nhcpns.org  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica C. Andrade  
Name of Person

850 908-7591  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**  
 Registration Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**Street Address:**  
 Registration Section  
 Division of Corporations  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

((1123000320502 3)))

((H23000320502 3))

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Baptist Medical Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/4/2009 and assigned Florida document number L0900042980.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

125 Baptist Way, Suite 6A

Pensacola, Florida 32503

Attn: Elizabeth C. Callahan

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

125 Baptist Way, Suite 6A

Pensacola, Florida 32503

Attn: Elizabeth C. Callahan

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Elizabeth C. Callahan

New Registered Office Address:

125 Baptist Way, Suite 6A

*Enter Florida street address*

Pensacola

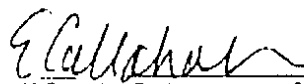
Florida 32503

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



(If Changing Registered Agent, Signature of New Registered Agent)

((H23000320502 3))

((H23000320502 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Baptist Health Care, Inc.	125 Baptist Way, Suite 6A	<input type="checkbox"/> Add
		Pensacola, Florida 32503	<input type="checkbox"/> Remove
		Attn: Elizabeth C. Callahan	<input checked="" type="checkbox"/> Change
President	Cardwell, Julie	125 Baptist Way, Suite 6A	<input type="checkbox"/> Add
		Pensacola, Florida 32503	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Other	Naar, Gina	1717 North E Street, Suite 320	<input type="checkbox"/> Add
		Pensacola, Florida 32501	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Authorize Representative	Callahan, Elizabeth C.	125 Baptist Way, Suite 6A	<input type="checkbox"/> Add
		Pensacola, Florida 32503	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H23000320502 3)))

