

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000051222

FILED  
Aug 04, 2010  
Secretary of State

**Entity Name:** BAPTIST PHYSICIAN ENTERPRISE, LLC

**Current Principal Place of Business:**

1717 NORTH "E" STREET-SUITE 320  
PENSACOLA, FL 32501

**New Principal Place of Business:**

1717 NORTH E STREET, STE. 320  
ATTN: MARY MATHEWS  
PENSACOLA, FL 32501

**Current Mailing Address:**

1717 NORTH "E" STREET-SUITE 320  
PENSACOLA, FL 32501

**New Mailing Address:**

1717 NORTH E STREET, STE. 320  
ATTN: MARY MATHEWS  
PENSACOLA, FL 32501

FEI Number: 27-0288317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEGGS & LANE LLP  
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: VERMILLION, KERRY W  
Address: 1717 NORTH E STREET, STE. 320  
City-St-Zip: PENSACOLA, FL 32501

Title: MGR  
Name: SKOLROOD, KENT  
Address: 1717 NORTH E STREET, STE. 320  
City-St-Zip: PENSACOLA, FL 32501

Title: MGR  
Name: FAULKNER, MARK T  
Address: 1717 NORTH E STREET, 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

08/04/2010

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