

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000087965

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** BAPTIST MEDICAL GROUP ORTHOPEDIC PRACTICE, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1717 NORTH E STREET  
STE. 320  
PENSACOLA, FL 32501

**Current Mailing Address:**

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

**New Mailing Address:**

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

**FEI Number:** 27-0950931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEGGS & LANE, A REGISTERED LLP  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 US

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

CALLAHAN, ELIZABETH  
1717 NORTH E ST.  
STE. 320  
PENSACOLA, FL 32501 US

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: ELIZABETH CALLAHAN

04/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRG  
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: MRG  
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

04/26/2012

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