2nd and FINAL NOTICE: **File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED VR 8/10
99 AUG -9 AM 9:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE $ 588.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee + $400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000000424

BAPTIST MEDICAL PARK SURGERY CENTER, L.C.
3 WEST GARDEN STREET, SUITE 700
BLOUNT BUILDING
PENSACOLA FL 32501

1a. Principal Place of Business Address

~~3 WEST GARDEN STREET, SUITE~~
~~BLOUNT BUILDING~~
~~PENSACOLA FL 32501~~

2. Principal Place of Business	2a. Mailing Address
9400 University Pkwy	P.O. Box 17500
Suite, Apt. #, etc.	Suite, Apt. #, etc. ATTN: Chuck Coder
City & State Pensacola FL	City & State Pensacola FL
Zip / Country 32514 / Escambia	Zip / Country 32522-7500 / Escambia

3. Date Organized or Qualified	3a. State of Formation
04/03/1998	FL
4. FEI Number	☑ Applied For ☐ Not Applicable
5. Date of Last Report	6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
DANIEL, J. NIXON III 3 WEST GARDEN STREET, SUITE 700 BLOUNT BUILDING PENSACOLA FL 32501	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City **FL** / Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HARRIMAN, ROBERT	1717 NORTH E STREET, SUITE	PENSACOLA FL
MGR	STUBBLEFIELD, ALFRED G	1717 NORTH E STREET, SUITE	PENSACOLA FL
MGR	VAN SLYKE, ROBERT E	1717 NORTH E STREET, SUITE	PENSACOLA FL

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****588.75 ****588.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Robert J. Harriman Robert E. Van Slyke 8/4/99 850-469-7392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

INHSE10 R (6/99)