

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000424**

1. Entity Name

**BAPTIST MEDICAL PARK SURGERY CENTER, L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -7 AM 10:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9400 UNIVERSITY PKWY  
PENSACOLA FL 32514

Mailing Address

PO BOX 17500  
ATTN: CHUCK CODER  
PENSACOLA FL 32522-7500

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3535262 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIMAN, ROBERT 1717 NORTH E STREET, SUITE 320 PENSACOLA FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STUBBLEFIELD, ALFRED G 1717 NORTH E STREET, SUITE 320 PENSACOLA FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN SLYKE, ROBERT E 1717 NORTH E STREET, SUITE 320 PENSACOLA FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

11. I 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 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.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Robert J. Harriman 7/26/00 (850) 208-6001  
Date Daytime Phone #

CR2E083 (5/00)