

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000424

1. Entity Name

BAPTIST MEDICAL PARK SURGERY CENTER, L.C.

FILED

01 MAR 22 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

4. FEI Number

59-3535262

Applied For

Not Applicable

Zip

Country

Zip

Country

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/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR HARRIMAN, ROBERT ☐ Delete
STREET ADDRESS 1717 NORTH E STREET, SUITE 320
CITY-ST-ZIP PENSACOLA FL 32501

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR STUBBLEFIELD, ALFRED G ☐ Delete
STREET ADDRESS 1717 NORTH E STREET, SUITE 320
CITY-ST-ZIP PENSACOLA FL 32501

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003912523-9
CITY-ST-ZIP -03/27/01--01082--023
*****50.00 *****50.00

TITLE NAME MGR VAN SLYKE, ROBERT E ☐ Delete
STREET ADDRESS 1717 NORTH E STREET, SUITE 320
CITY-ST-ZIP PENSACOLA FL 32501

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *Robert J. Harriman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/25/01
Date

Daytime Phone #

CR2E083 (11/00)