

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90108 046 ****50.00

DOCUMENT # L98000000424

1. Entity Name

BAPTIST MEDICAL PARK SURGERY CENTER, L.C.

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

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
Due By May 1, 2002**

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** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STUBBLEFIELD, ALFRED G
1717 NORTH E STREET, SUITE 320
PENSACOLA FL 32501** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VAN SLYKE, ROBERT E
1717 NORTH E STREET, SUITE 320
PENSACOLA FL 32501** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Pruitt, MichaelTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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
Robert J. Harriman

1-14-02

850-208-6001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)