

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98000000424**

1. Entity Name  
**BAPTIST MEDICAL PARK SURGERY CENTER, L.C.**



Principal Place of Business

**9400 UNIVERSITY PKWY  
PENSACOLA, FL 32514**

Mailing Address

**1717 NORTH "E" STREET SUITE 320  
ATTN: J. KEHOE  
PENSACOLA, FL 32501 US**



04102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DANIEL, J. NIXON III  
501 COMMENDENCIA ST  
PENSACOLA, FL 32502**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000719365  
05/01/07-80061-019 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME WILDEBRANDT, DAVID  
STREET ADDRESS 1717 NORTH E STREET, SUITE 320  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE MGR  
NAME FELKNER, JOSEPH G  
STREET ADDRESS 1717 NORTH "E" STREET SUITE 320  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE MGR  
NAME PORTER, JOHN  
STREET ADDRESS 1717 NORTH E STREET, SUITE 320  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **John Porter, Mgr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/20/07**  
Date

**830-469-2339**  
Daytime Phone #