

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 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**



03252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3535262	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

04/10/08 2008-011 138.75

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: _____

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

Date

Daytime Phone #

John Porter, Mgr. 3/25/08 850/469-2339