

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000424

FILED  
Mar 18, 2009  
Secretary of State

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

**Current Principal Place of Business:**

9400 UNIVERSITY PKWY  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

1717 NORTH E ST  
STE 320 ATTN: J. KEHOE  
PENSACOLA, FL 32501 US

**FEI Number:** 59-3535262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILDEBRANDT, DAVID  
Address: 1717 NORTH E STREET, SUITE 320  
City-St-Zip: PENSACOLA, FL 32501

Title: MGR ( ) Delete  
Name: FELKNER, JOSEPH G  
Address: 1717 NORTH  
City-St-Zip: PENSACOLA, FL 32501

Title: MGR ( ) Delete  
Name: PORTER, JOHN  
Address: 1717 NORTH E STREET, SUITE 320  
City-St-Zip: PENSACOLA, FL 32501

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: FELKNER, JOSEPH G  
Address: 1717 NORTH E ST STE 320  
City-St-Zip: PENSACOLA, FL 32501

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

03/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date