

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000424

FILED
Apr 12, 2011
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 ST
STE 320 ATTN: MARY MATHEWS
PENSACOLA, FL 32501 US

New Mailing Address:

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
Name: WILDEBRANDT, DAVID
Address: 1717 NORTH E STREET, SUITE 320
City-St-Zip: PENSACOLA, FL 32501

Title: MGR
Name: VERMILLION, KERRY
Address: 1717 NORTH E ST STE 320
City-St-Zip: PENSACOLA, FL 32501

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

Title: MGR
Name: TIMMONS, RUBEN B MD
Address: 1549 AIRPORT BLVD. #410
City-St-Zip: PENSACOLA, FL 32504

Title: MGR
Name: NALLEY, JAMES H
Address: 9400 UNIVERSITY PKWY
City-St-Zip: PENSACOLA, FL 32514

I hereby 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: MARY MATHEWS

AS

04/12/2011

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