

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000424

FILED  
Apr 06, 2012  
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:**

CALLAHAN, ELIZABETH  
1717 NORTH E ST.  
STE. 320  
PENSACOLA, FL 32501 US

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: ELIZABETH CALLAHAN

04/06/2012

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: TERRY, ANDY  
Address: 1717 NORTH E ST STE 320  
City-St-Zip: PENSACOLA, FL 32501

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

Title: MGR  
Name: ULLMAN, SAUL MD  
Address: 9400 UNIVERSITY PKWY, STE. 302  
City-St-Zip: PENSACOLA, FL 32514

Title: MGR  
Name: BENTZ, PHILIP MD  
Address: 9400 UNIVERSITY PKWY., STE. 108  
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

04/06/2012

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