

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L9800000424

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BEGGS & LANE  
Account Number : 120020000155  
Phone : (850)432-2451  
Fax Number : (850)469-3331

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jessica.andrade@bhcpns.org

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BAPTIST MEDICAL PARK SURGERY CENTER, L.C.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

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DIVISION OF CORPORATIONS  
FLORIDA

2023 SEP 12 PM 5:05

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMMON

SEP 13 2023

(((H23000320619.3)))

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Baptist Medical Park Surgery Center, L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Jessica C. Andrade

Name of Person

Baptist Health Care, Inc.

Firm/Company

125 Baptist Way, Suite 6A

Address

Pensacola, Florida 32503

City/State and Zip Code

jessica.andrade@bhcpns.org

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Jessica C. Andrade

850

908-7591

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee☐ \$30.00 Filing Fee &  
Certificate of Status☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baptist Medical Park Surgery Center, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/3/1998 and assigned  
Florida document number L98000000424.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company" the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

125 Baptist Way, Suite 6A

Pensacola, Florida 32503

Attn: Elizabeth C Callahan

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Elizabeth C Callahan

New Registered Office Address:

125 Baptist Way, Suite 6A

*Enter Florida street address*

Pensacola

*City*

Florida 32503

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

*E Callahan*

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u>             | <u>Name</u>            | <u>Address</u>                     | <u>Type of Action</u>                      |
|--------------------------|------------------------|------------------------------------|--------------------------------------------|
| BD Mbr                   | Aldridge, Brett        | 125 Baptist Way, Suite 6A          | <input type="checkbox"/> Add               |
|                          |                        | Pensacola, Florida 32503           | <input type="checkbox"/> Remove            |
|                          |                        |                                    | <input checked="" type="checkbox"/> Change |
| BD Mbr                   | Cadena, Cyd            | 125 Baptist Way, Suite 6A          | <input type="checkbox"/> Add               |
|                          |                        | Pensacola, Florida 32503           | <input type="checkbox"/> Remove            |
|                          |                        |                                    | <input type="checkbox"/> Change            |
| BD Mbr                   | Pollard, Heath         | 125 Baptist Way, Suite 6A          | <input type="checkbox"/> Add               |
|                          |                        | Pensacola, Florida 32503           | <input type="checkbox"/> Remove            |
|                          |                        |                                    | <input type="checkbox"/> Change            |
| Executive                | Nann, Gina             | 1717 North E Street, Suite 320     | <input type="checkbox"/> Add               |
|                          |                        | Pensacola, Florida 32501           | <input checked="" type="checkbox"/> Remove |
|                          |                        |                                    | <input type="checkbox"/> Change            |
| BD Mbr                   | Ullman, Saul MD        | 9400 University Parkway, Suite 302 | <input type="checkbox"/> Add               |
|                          |                        | Pensacola, Florida 32514           | <input type="checkbox"/> Remove            |
|                          |                        |                                    | <input checked="" type="checkbox"/> Change |
| Authorize Representative | Callahan, Elizabeth C. | 125 Baptist Way, Suite 6A          | <input checked="" type="checkbox"/> Add    |
|                          |                        | Pensacola, Florida 32503           | <input type="checkbox"/> Remove            |
|                          |                        |                                    | <input type="checkbox"/> Change            |

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((H23000320619 31))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

F. Effective date, if other than the date of filing: September 23, 2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Uated September 11 2023

9 Callahan

Signature of a member or authorized representative of a member

Elizabeth C. Callahan, Authorized Representative

Typed or printed name of signer

{{H23000320619.31}}

**Filing Fee: \$25.00**