

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

1/2

01-22-2003 90108 044 ****50.00

DOCUMENT # L98000000424

1. Entity Name
BAPTIST MEDICAL PARK SURGERY CENTER, L.C.



Principal Place of Business
**6400 UNIVERSITY PKWY
PENSACOLA FL 32514**

Mailing Address
**PO BOX 17500
ATTN: CHUCK CODER
PENSACOLA FL 32522-7500**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3535262**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANIEL, J. NIXON III
3 WEST GARDEN STREET, SUITE 700
BLOUNT BUILDING
PENSACOLA FL 32501**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **HARRIMAN, ROBERT**
STREET ADDRESS **1717 NORTH E STREET, SUITE 320**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Wildebrandt, David**
STREET ADDRESS **1717 North E Street, Suite 320**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **MGR** ☐ Delete
NAME **STUBBLEFIELD, ALFRED G**
STREET ADDRESS **1717 NORTH E STREET, SUITE 320**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☒ Delete
NAME **PRUITT, MICHAEL**
STREET ADDRESS **1717 NORTH E STREET, SUITE 320**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Porter, John**
STREET ADDRESS **1717 North E Street, Suite 320**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

Daniel J. Nixon III 2-17-03 850-208-6001

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

Date

Daytime Phone #

CR2E083 (10/02)