

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90031 038 ****50.00

DOCUMENT # L99000008031

1. Entity Name

**BAPTIST MEDICAL PARK NAVARRE - DIAGNOSTIC CENTER
, L.L.C.**

Principal Place of Business

**3 WEST GARDEN STREET, SUITE 700
PENSACOLA FL 32501**

Mailing Address

**3 WEST GARDEN STREET, SUITE 700
PENSACOLA FL 32501**

2. Principal Place of Business

8888 NAVARRE PKWY

Suite, Apt. #, etc.

NAVARRE, FL.

City & State

3. Mailing Address

8888 NAVARRE PKWY

Suite, Apt. #, etc.

NAVARRE, FL.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3608670

Applied For

Not Applicable

Zip

32566

Country

SANTA ROSA

Zip

32566

Country

SANTA ROSA5. 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. N III
3 WEST GARDEN STREET, SUITE 700
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.

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 Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VAN SLYKE, ROBERT E
1717 NORTH E STREET
PENSACOLA FL 32501** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
1717 NORTH E STREET
PENSACOLA, FL. 32501** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HARRIMAN, ROBERT J
9400 UNIVERSITY PKWY
PENSACOLA FL 32504** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

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

Date

Daytime Phone #

CR2E083 (9/01)