

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008032

1. Entity Name
BAPTIST MEDICAL PARK NAVARRE - SURGERY CENTER, L

APPROVED
AND
FILED

00 APR 22 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3 WEST GARDEN STREET, SUITE 700
BLOUNT BUILDING
PENSACOLA FL 32501

Mailing Address
3 WEST GARDEN STREET, SUITE 700
BLOUNT BUILDING
PENSACOLA FL 32501-5636



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3608666** 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. N 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.

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

[Signature]

4/17/00

(850) 469-2338

CR2000-00000

Attachment

2000 Uniform Business Report (UBR) Document # L99000008032

Question 10. Additions

Title	Board Manager	<input checked="" type="checkbox"/>	Addition
Name	Robert E. Van Slyke		
Street Address	1717 North E. Street		
City-St-Zip	Pensacola, Florida 32501		

Title	Board Manager	<input checked="" type="checkbox"/>	Addition
Name	Thomas F. Martin		
Street Address	1717 North E. Street		
City-St-Zip	Pensacola, Florida 32501		

Title	Board Manager	<input checked="" type="checkbox"/>	Addition
Name	Richard C. Fulford		
Street Address	1110 Gulf Breeze Parkway		
City-St-Zip	Gulf Breeze, Florida 32561		

Title	Board Manager	<input checked="" type="checkbox"/>	Addition
Name	Robert J. Zasa		
Street Address	315 Bellefontaine Street		
City-St-Zip	Pasadena CA 91105		

Title	Board Manager	<input checked="" type="checkbox"/>	Addition
Name	James L. Browning, MD		
Street Address	5852 Cedar Tree		
City-St-Zip	Milton , Florida 32570		

Title	Board Manager	<input checked="" type="checkbox"/>	Addition
Name	Michael T. Hartsfield, M.D.		
Street Address	1500 Berryhill Road		
City-St-Zip	Milton, Florida 32571		

Title	Board Manager	<input checked="" type="checkbox"/>	Addition
Name	Robert A. Althar, MD		
Street Address	1490 Berryhill Road		
City-St-Zip	Milton, Florida 32570		