

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90026 013 \*\*\*150.00

**DOCUMENT # P98000059856**

1. Entity Name  
**BAPTIST URGENT CARE, INC.**



Principal Place of Business  
**1717 NORTH E STREET  
PENSACOLA, FL 32522-7500**

Mailing Address  
**1717 NORTH E STREET  
STE 320 ATTN: J. KEHOE  
PENSACOLA, FL 32501**

**94048088**



2. Principal Place of Business  
**1717 N. "E" St.**

3. Mailing Address

Suite, Apt. #, etc.  
**Ste. 320**

Suite, Apt. #, etc.

03162004 Chg-P CR2E034 (10/03)

City & State  
**Pensacola, FL**

City & State

4. FEI Number  
**59-3622226**

Applied For  
Not Applicable

Zip  
**32501**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**PORTER, JOHN T  
1717 NORTH E STREET  
PENSACOLA, FL 32522-7500**

## 7. Name and Address of New Registered Agent

Name  
**Porter, John**  
Street Address (P.O. Box Number is Not Acceptable)  
**1717 N. "E" St.**  
**Ste. 320**  
City  
**Pensacola** **FL** Zip Code  
**32501**

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

**3-22-04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FELKNER, JOSEPH 1717 N E STREET SUITE 320 PENSACOLA, FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRIMAN, ROBERT 1717 N. E. ST., STE. 320 PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTER, JOHN T 1717 NORTH E STREET PENSACOLA, FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YADEN, DEBRA A 1717 NORTH E STREET PENSACOLA, FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FELKNER, JOSEPH 1717 N. "E" St., Ste. 320 Pensacola, FL 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Gaubert, Sharon 1717 N. "E" St., Ste. 320 Pensacola, FL 32501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Debra A. Yaden** Debra A. Yaden, Secretary 3/22/04 850/469-2339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #