

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000022837

**Entity Name:** BAPTIST AGEWELL PHYSICIANS, INC.

**Current Principal Place of Business:**

3563 PHILIPS HWY, SUITE 101  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

3563 PHILIPS HWY, SUITE 101  
JACKSONVILLE, FL 32207

**FEI Number: 38-3870378**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GRANGER, HARVEY  
841 PRUDENTIAL DR, SUITE 1802  
JACKSONVILLE, FL 32207 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            DIRECTOR, PRESIDENT  
Name            GREENE, A. HUGH  
Address        841 PRUDENTIAL DRIVE  
                  SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

Title            DIRECTOR, VP  
Name            MALLY, EARL B.  
Address        3563 PHILIPS HIGHWAY  
                  SUITE 101  
City-State-Zip: JACKSONVILLE FL 32207

Title            DIRECTOR, VP  
Name            SIM, EDWARD H.  
Address        841 PRUDENTIAL DRIVE  
                  SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

Title            SECRETARY  
Name            GRANGER, HARVEY  
Address        841 PRUDENTIAL DRIVE  
                  SUITE 1802  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: HARVEY GRANGER**

**SECRETARY**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date