

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000017568

**Entity Name:** BAPTIST PHYSICIAN GROUP, LLC

**Current Principal Place of Business:**

1717 NORTH E ST  
STE 320  
PENSACOLA, FL 32501

**Current Mailing Address:**

1717 NORTH E ST  
STE 320 ATTN: JAN MULLINS  
PENSACOLA, FL 32501 US

**FEI Number:** 74-3018052

**Certificate of Status Desired:** No

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

CALLAHAN, ELIZABETH  
1717 NORTH E STREET  
STE. 320  
PENSACOLA, FL 32501 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

**Authorized Person(s) Detail :**

Title P  
Name SONTHEIMER, DAN DR.  
Address 1000 W. MORENO ST.  
City-State-Zip: PENSACOLA FL 32501

Title T  
Name GLEASON, MIKE  
Address 1717 NORTH E ST  
STE 320  
City-State-Zip: PENSACOLA FL 32501

Title SECRETARY  
Name CALLAHAN, ELIZABETH  
Address 1717 NORTH E ST  
STE 320  
City-State-Zip: PENSACOLA FL 32501

Title OTHER  
Name MULLINS, JAN  
Address 1717 NORTH E ST  
STE 320  
City-State-Zip: PENSACOLA FL 32501

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAN MULLINS

**OTHER**

**04/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date