

2020 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: ELIZABETH CALLAHAN
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 ST
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 MBR
Name BAPTIST HEALTH VENTURES, INC.
Address 1717 NORTH E ST
STE 320
City-State-Zip: PENSACOLA FL 32501

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

Title AUTHORIZED MEMBER
Name PORTER, JOHN
Address 1717 NORTH E ST
STE 320 ATTN: ELIZABETH
CALLAHAN
City-State-Zip: PENSACOLA FL 32501

Title AUTHORIZED MEMBER
Name GLEASON, MICHAEL
Address 1717 NORTH E ST
STE 320 ATTN: ELIZABETH
CALLAHAN
City-State-Zip: PENSACOLA FL 32501

Title AUTHORIZED MEMBER
Name CALLAHAN, ELIZABETH
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

EXEC. ASST.

03/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date