## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012714

Entity Name: BAPTIST PHYSICIAN ASSOCIATES, LLC

FILED
Apr 21, 2015
Secretary of State
CC9115213397

## **Current Principal Place of Business:**

1717 NORTH E STREET STE 320

PENSACOLA, FL 32501

## **Current Mailing Address:**

1717 NORTH E STREET

SUITE 320 - ATTN: MARY MATHEWS

PENSACOLA, FL 32501 US

FEI Number: 20-0737321 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 MGR Title MGR

Name NOBLES, SHARON Name SKOLROOD, KENT

Address 1717 NORTH E ST., STE. 321 Address 1717 NORTH E ST., STE. 320

City-State-Zip: PENSACOLA FL 32501 City-State-Zip: PENSACOLA FL 32501

Title SECRETARY

Name MATHEWS, MARY

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: MARY MATHEWS

Electronic Signature of Signing Authorized Person(s) Detail

**SECRETARY** 

04/21/2015