

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012714

Entity Name: BAPTIST PHYSICIAN ASSOCIATES, LLC

Current Principal Place of Business:

1717 NORTH E STREET
STE 320
PENSACOLA, FL 32501

Current Mailing Address:

1717 NORTH E STREET
SUITE 320 - ATTN: ELIZABETH CALLAHAN
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 SOLE MEMBER
Name BAPTIST HOSPITAL, INC.
Address 1717 NORTH E STREET
 STE 320
City-State-Zip: PENSACOLA FL 32501

Title OTHER
Name MULLINS, JAN
Address 1717 NORTH E STREET
 SUITE 320 - ATTN: JAN MULLINS
City-State-Zip: PENSACOLA FL 32501

Title AUTHORIZED REPRESENTATIVE
Name CALLAHAN, ELIZABETH
Address 1717 NORTH E STREET
 SUITE 320 - ATTN: ELIZABETH
 CALLAHAN
City-State-Zip: PENSACOLA FL 32501

Title AUTHORIZED MEMBER
Name RAYNES, SCOTT
Address 1717 NORTH E STREET
 SUITE 320 - ATTN: ELIZABETH
 CALLAHAN
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