

**2023 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	MEMBER	Title	OTHER
Name	BAPTIST HEALTH CARE, INC.	Name	NAAR, GINA
Address	1717 NORTH E STREET STE 320	Address	1717 NORTH E STREET SUITE 320
City-State-Zip:	PENSACOLA FL 32501	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

*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:** GINA NAAR

**MANAGER-EXECUTIVE  
ASSISTANT**

**03/03/2023**

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

\_\_\_\_\_  
Date