

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000012714

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

**Current Principal Place of Business:**

125 BAPTIST WAY  
SUITE 6A  
PENSACOLA, FL 32503

**Current Mailing Address:**

125 BAPTIST WAY  
SUITE 6A - ATTN: ELIZABETH CALLAHAN  
PENSACOLA, FL 32503 US

**FEI Number:** 20-0737321

**Certificate of Status Desired:** No

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

CALLAHAN, ELIZABETH  
125 BAPTIST WAY  
SUITE 6A  
PENSACOLA, FL 32503 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  
Name BAPTIST HEALTH CARE, INC.  
Address 125 BAPTIST WAY  
SUITE 6A  
City-State-Zip: PENSACOLA FL 32503

Title IN HOUSE COUNSEL  
Name ANDRADE, JESSICA  
Address 125 BAPTIST WAY  
SUITE 6A  
City-State-Zip: PENSACOLA FL 32503

Title AUTHORIZED REPRESENTATIVE  
Name CALLAHAN, ELIZABETH  
Address 125 BAPTIST WAY  
SUITE 6A  
City-State-Zip: PENSACOLA FL 32503

*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:** JESSICA ANDRADE

IN HOUSE COUNSEL

02/06/2024

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

\_\_\_\_\_  
Date