

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000142219

**FILED**  
**Mar 17, 2014**  
**Secretary of State**  
**CC7812070447**

**Entity Name:** BAPTIST HEALTH QUALITY NETWORK, LLC

**Current Principal Place of Business:**

6855 RED ROAD, SUITE 600  
CORAL GABLES, FL 33143

**Current Mailing Address:**

6855 RED ROAD, SUITE 600  
CORAL GABLES, FL 33143

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FRIEDMAN, DAVID RESQ.  
6855 RED ROAD, SUITE 600  
CORAL GABLES, FL 33143 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  
Name BRACKIN, D. WAYNE  
Address 6855 RED ROAD, SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title MGR  
Name ROSELLO, PATRICIA  
Address 6855 RED ROAD, SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title MGR  
Name HAUSER, MARK M.D.  
Address 6855 RED ROAD, SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title MGR  
Name TRAN, THINH M.D.  
Address 6855 RED ROAD, SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

*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:** D. WAYNE BRACKIN

**MGR**

**03/17/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date