

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000142846

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

**Current Principal Place of Business:**

841 PRUDENTIAL DR SUITE 1601  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

841 PRUDENTIAL DR SUITE 1601  
JACKSONVILLE, FL 32207

**FEI Number:** 61-1734528

**Certificate of Status Desired:** No

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

BAITY, G. SCOTT  
841 PRUDENTIAL DR SUITE 1802  
JACKSONVILLE, FL 32207 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:** G. SCOTT BAITY

06/29/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name BAPTIST HEALTH SYSTEM, INC.  
Address 800 PRUDENTIAL DRIVE  
SUITE 1802  
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY  
Name BAITY, G. SCOTT  
Address 841 PRUDENTIAL DRIVE  
SUITE 1802  
City-State-Zip: JACKSONVILLE FL 32207

Title CHAIRMAN  
Name LEVENSON, MD, ILENE  
Address 841 PRUDENTIAL DR SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER  
Name WOOTEN, SCOTT M.  
Address 841 PRUDENTIAL DR SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

*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:** G. SCOTT BAITY

SECRETARY

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date