

**2017 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:**

GRANGER, HARVEY  
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:**

\_\_\_\_\_  
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 VP  
Name GRANGER, HARVEY  
Address 800 PRUDENTIAL DRIVE  
SUITE 1802  
City-State-Zip: JACKSONVILLE FL 32207

Title CHAIRMAN  
Name ETZKORN,MD, KYLE  
Address 836 PRUDENTIAL DRIVE  
SUITE 801  
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: HARVEY GRANGER**

**VP**

**04/28/2017**

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

\_\_\_\_\_  
Date