## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000142846

Entity Name: BAPTIST PHYSICIAN PARTNERS, LLC

**FILED** Apr 30, 2019 **Secretary of State** 1414082246CC

## **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 04/30/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title **AUTHORIZED MEMBER** Title **SECRETARY** BAPTIST HEALTH SYSTEM, INC. Name Name BAITY, G. SCOTT

841 PRUDENTIAL DRIVE 800 PRUDENTIAL DRIVE Address Address

**SUITE 1802 SUITE 1802** 

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

Title **CHAIRMAN** 

Name ETZKORN, MD, KYLE 836 PRUDENTIAL DRIVE Address

SUITE 801

JACKSONVILLE FL 32207 City-State-Zip:

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

Electronic Signature of Signing Authorized Person(s) Detail

**SECRETARY** 

04/30/2019