2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2014
Secretary of State
CC2897748541

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Entity Name: BAPTIST URGENT CARE, LLC

Current Principal Place of Business:

1717 NORTH "E" ST
STE 320
PENSACOLA, FL 32501

Current Mailing Address:

1717 NORTH "E" ST
STE 320
PENSACOLA, FL 32501 US

FEI Number: 59-3622226

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALLAHAN, ELIZABETH C
1717 NORTH "E" ST
STE 320
PENSACOLA, FL 32501 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	PRESIDENT
Name	PORTER, JOHN T
Address	1717 NORTH "E" ST - STE 320
City-State-Zip:	PENSACOLA FL 32501

Title	TREASURER
Name	MCGEE, ELEANOR
Address	1717 NORTH "E" ST - STE 321
City-State-Zip:	PENSACOLA FL 32501

Title	AS
Name	MATHEWS, MARY B
Address	1717 NORTH E ST. STE. 320
City-State-Zip:	PENSACOLA FL 32501

Title	AS
Name	MATHEWS, MARY B
Address	1717 NORTH E ST. STE. 320
City-State-Zip:	PENSACOLA FL 32501

Title	VP
Name	JOHNSON, CARLA
Address	1717 NORTH "E" ST - STE 320
City-State-Zip:	PENSACOLA FL 32501

Title	RECORDING SECRETARY
Name	GORAUM, TRINA
Address	1717 NORTH E ST. STE. 320
City-State-Zip:	PENSACOLA FL 32501

Title	RECORDING SECRETARY
Name	GORAUM, TRINA
Address	1717 NORTH E ST. STE. 320
City-State-Zip:	PENSACOLA FL 32501

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: MARY MATHEWS AS 04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date