

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000154011

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	MBR
Name	BAPTIST HEALTH CARE CORPORATION
Address	1717 NORTH "E" ST STE 320
City-State-Zip:	PENSACOLA FL 32501

Title	OTHER
Name	MULLINS, JAN
Address	1717 NORTH STE 320
City-State-Zip:	PENSACOLA FL 32501

Title	AUTHORIZED MEMBER
Name	CALLAHAN, ELIZABETH
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: JAN MULLINS

EXEC ASST

02/16/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date