

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000117237

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**9610958467CC**

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

**Current Principal Place of Business:**

841 PRUDENTIAL DRIVE  
SUITE 1450  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

841 PRUDENTIAL DRIVE  
SUITE 1450  
JACKSONVILLE, FL 32207 US

**FEI Number:** 82-1698374

**Certificate of Status Desired:** No

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

BAITY, G. SCOTT ESQ.  
841 PRUDENTIAL DRIVE  
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 AMBR  
Name BAPTIST PHYSICIAN PARTNERS, LLC  
Address 841 PRUDENTIAL DRIVE, SUITE 1450  
City-State-Zip: JACKSONVILLE FL 32207

Title AR  
Name GROOVER, TIMOTHY MD  
Address 841 PRUDENTIAL DRIVE, SUITE 1450  
City-State-Zip: JACKSONVILLE FL 32207

Title AR  
Name GRANGER, HARVEY ESQ.  
Address 841 PRUDENTIAL DRIVE, SUITE 1802  
City-State-Zip: JACKSONVILLE FL 32207

Title AR  
Name BAITY, GREGORY S ESQ.  
Address 841 PRUDENTIAL DRIVE, SUITE 1802  
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:** GREGORY S BAITY

AR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date