

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000148035

**Entity Name:** BAPTIST BRENT LANE PROPERTIES, LLC

**Current Principal Place of Business:**

1717 NORTH E ST. SUITE 320  
ATTN: ELIZABETH CALLAHAN  
PENSACOLA, FL 32501

**Current Mailing Address:**

1717 NORTH E ST. SUITE 320  
ATTN: ELIZABETH CALLAHAN  
PENSACOLA, FL 32501 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CALLAHAN, ELIZABETH  
1717 NORTH E ST. SUITE 320  
ATTN: ELIZABETH CALLAHAN  
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:** ELIZABETH CALLAHAN

03/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name BAPTIST HEALTH CARE, INC.  
Address 1717 NORTH E ST. SUITE 320  
ATTN: ELIZABETH CALLAHAN  
City-State-Zip: PENSACOLA FL 32501

Title OTHER  
Name NAAR, GINA  
Address 1717 NORTH E ST. SUITE 320  
ATTN: ELIZABETH CALLAHAN  
City-State-Zip: PENSACOLA FL 32501

Title AUTHORIZED REPRESENTATIVE  
Name CALLAHAN, ELIZABETH  
Address 1717 NORTH E STREET  
SUITE 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:** GINA NAAR

MANAGER-EXECUTIVE  
ASSISTANT

03/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date