

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000148035

**FILED**  
**Feb 06, 2024**  
**Secretary of State**  
**8107647245CC**

**Entity Name:** BAPTIST HEALTH CARE PROPERTIES, LLC

**Current Principal Place of Business:**

125 BAPTIST WAY, STE. 6A  
PENSACOLA, FL 32503

**Current Mailing Address:**

125 BAPTIST WAY, STE. 6A  
PENSACOLA, FL 32503 US

**FEI Number:** 59-0657322

**Certificate of Status Desired:** No

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

CALLAHAN, ELIZABETH C  
125 BAPTIST WAY, STE. 6A  
PENSACOLA, FL 32503 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	AMBR	Title	AUTHORIZED REPRESENTATIVE
Name	BAPTIST HEALTH CARE, INC.	Name	CALLAHAN, ELIZABETH
Address	125 BAPTIST WAY, STE. 6A	Address	125 BAPTIST WAY, STE. 6A
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503

Title IN HOUSE COUNSEL  
 Name ANDRADE, JESSICA  
 Address 125 BAPTIST WAY, STE. 6A  
 City-State-Zip: PENSACOLA FL 32503

*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:** JESSICA ANDRADE

IN HOUSE COUNSEL

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date