

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109833

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Entity Name:** ANDREWS INSTITUTE MEDICAL PARK, LLC

**Current Principal Place of Business:**

1717 NORTH E STREET, SUITE 320  
PENSACOLA, FL 32501

**New Principal Place of Business:**

1717 NORTH E STREET  
STE 320  
PENSACOLA, FL 32501

**Current Mailing Address:**

1717 NORTH E STREET  
SUITE 320 ATTN: J. KEHOE  
PENSACOLA, FL 32501

**New Mailing Address:**

FEI Number: 20-4428528      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BEGGS & LANE  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: PORTER, JOHN  
Address: 1717 NORTH  
City-St-Zip: PENSACOLA, FL 32501

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: PORTER, JOHN  
Address: 1717 NORTH E ST STE 320  
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOHN PORTER

P

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date