2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2020
Secretary of State
7594592347CC

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Entity Name: ANDREWS INSTITUTE MEDICAL PARK, LLC

Current Principal Place of Business:

1040 GULF BREEZZE PKWY
GULF BREEZE, FL 32561

Current Mailing Address:

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

FEI Number: 20-4428528

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALLAHAN, ELIZABETH
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	C	Title	TREASURER
Name	PORTER, JOHN	Name	GLEASON, MIKE
Address	1717 NORTH E ST STE 320	Address	1717 NORTH E ST., STE. 320
City-State-Zip:	PENSACOLA FL 32501	City-State-Zip:	PENSACOLA FL 32501
Title	SECRETARY	Title	RS
Name	CALLAHAN, ELIZABETH	Name	MULLINS, JAN
Address	1717 NORTH E ST. STE. 320	Address	1717 NORTH E STREET SUITE 320 ATTN: JAN MULLINS
City-State-Zip:	PENSACOLA FL 32501	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 EXECUTIVE ASSISTANT 03/10/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date