

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000109833

**Entity Name:** ANDREWS INSTITUTE MEDICAL PARK, LLC**Current Principal Place of Business:**1040 GULF BREEZE PKWY  
GULF BREEZE, FL 32561**Current Mailing Address:**1717 NORTH E STREET  
SUITE 320 ATTN: JAN MULLINS  
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
Name	PORTER, JOHN
Address	1717 NORTH E ST STE 320
City-State-Zip:	PENSACOLA FL 32501

Title	TREASURER
Name	GLEASON, MIKE
Address	1717 NORTH E ST., STE. 320
City-State-Zip:	PENSACOLA FL 32501

Title	SECRETARY
Name	CALLAHAN, ELIZABETH
Address	1717 NORTH E ST. STE. 320
City-State-Zip:	PENSACOLA FL 32501

Title	RS
Name	MULLINS, JAN
Address	1717 NORTH E STREET SUITE 320 ATTN: JAN MULLINS
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

EXEC ASST/RS

03/14/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date