

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000109833

**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: MARY MATHEWS  
PENSACOLA, FL 32501

**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 NOBLES, SHARON  
Address 1717 NORTH E ST., STE. 321  
City-State-Zip: PENSACOLA FL 32501

Title SECRETARY  
Name MATHEWS, MARY  
Address 1717 NORTH E ST.  
STE. 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:** MARY MATHEWS

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04/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date