

2014 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: 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 ST
Name MCGEE, ELEANOR
Address 1717 NORTH E ST., STE. 320
City-State-Zip: PENSACOLA FL 32501

Title VC
Name JOHNSON, CARLA
Address 1717 NORTH E ST., STE. 320
City-State-Zip: PENSACOLA FL 32501

Title ASST. 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

AS

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date