

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000140489

Entity Name: WAKULLA MEDICAL PLAZA LLC

Current Principal Place of Business:

WAKULLA MEDICAL PLAZA
41 FELI WAY
CRAWFORDVILLE, FL 32327

Current Mailing Address:

41 FELI WAY
CRAWFORDVILLE, FL 32327 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KEEN, DAVID
41 FELI WAY
CRAWFORDVILLE, FL 32327 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 MGR
Name KEEN, DAVID
Address 41 FELI WAY
City-State-Zip: CRAWFORDVILLE FL 32327

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: DAVID A. KEEN

MGR

02/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date