

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000140990

Entity Name: SAMUEL WELLS MOB, LLC**Current Principal Place of Business:**3599 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216**Current Mailing Address:**3599 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216**FEI Number:** 45-4274287**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRITCHARD, ROBERT H
1301 RIVERPLACE BOULEVARD, SUITE 1500
JACKSONVILLE, FL 32207 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	DCP
Name	BAER, DOUGLAS M
Address	3599 UNIVERSITY BLVD., S
City-State-Zip:	JACKSONVILLE FL 32216

Title	DVP
Name	SPIGEL, MICHAEL
Address	8631 SAN SERVERA DRIVE EAST
City-State-Zip:	JACKSONVILLE FL 32217

Title	D
Name	SNEED, GARY W
Address	305 MONTEREY VILLA COURT
City-State-Zip:	ST. AUGUSTINE FL 32095

Title	SECRETARY/TREASURER
Name	HARDISON, JAMES
Address	3599 UNIVERSITY BLVD. SOUTH
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	JOHNSON, BRUCE M
Address	3599 UNIVERSITY BLVD. SOUTH
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	SERKIN, HOWARD C
Address	3599 UNIVERSITY BLVD. SOUTH
City-State-Zip:	JACKSONVILLE FL 32216

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: DOUGLAS M. BAER**PRESIDENT****04/22/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date