2023 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 US

FEI Number: 45-4274287 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URS AGENTS, LLC 3458 LAKESHORE DRIVE TALLAHASSEE, FL 32312 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

FILED Apr 19, 2023

Secretary of State

0523086066CC

Authorized Person(s) Detail:

Title DCP Title DIRECTOR

Name BAER, DOUGLAS M Name SERKIN, HOWARD C

Address 3599 UNIVERSITY BLVD., S Address 3599 UNIVERSITY BLVD. SOUTH

City-State-Zip: JACKSONVILLE FL 32216 City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR, SECRETARY, Title VP, DIRECTOR TREASURER, VP

Name ROBERTS, KRIS

Name TABOR, J. BRITTON Address 3599 UNIVERSITY BLVD. SOUTH

Address 3599 UNIVERSITY BLVD. SOUTH City-State-Zip: JACKSONVILLE FL 32216

City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR

Name MANN FRIC

Name DERIENZO, VICTOR

Address 3599 UNIVERSITY BLVD. SOUTH

Address 3599 UNIVERSITY BLVD. SOUTH City-State-Zip: JACKSONVILLE FL 32216

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 CHAIRMAN 04/19/2023