

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000159600

Entity Name: MEDICAL PROPERTIES OF NW FLORIDA, LLC

Current Principal Place of Business:

1403 CAT-MAR ROAD
NICEVILLE, FL 32578

FILED
Mar 20, 2019
Secretary of State
7248443953CC

Current Mailing Address:

600 HOSPITAL DR.
CRESTVIEW, FL 32539 US

FEI Number: 47-2095540

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HELMICH, KEVIN M ESQ
4405 COMMONS DRIVE EAST
SUITE 102
DESTIN, FL 32541 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	Title	MGR
Name	GOMEZ, LUIS F	Name	GOMEZ, JULIE A
Address	1403 CAT-MAR ROAD	Address	1403 CAT-MAR ROAD
City-State-Zip:	NICEVILLE FL 32578	City-State-Zip:	NICEVILLE FL 32578

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: LUIS GOMEZ

OWNER

03/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date