

**2021 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

**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

MEMBR

04/29/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date