

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000159600

Entity Name: MEDICAL PROPERTIES OF NW FLORIDA, LLC

Current Principal Place of Business:

600 HOSPITAL DRIVE
CRESTVIEW, FL 32539

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:

GOMEZ, LUIS F MD
600 HOSPITAL DR.
CRESTVIEW, FL 32539 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: LUIS F GOMEZ MD

03/04/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|--------------------|-----------------|--------------------|
| Title | MGR | Title | MGR |
| Name | GOMEZ, LUIS F | Name | GOMEZ, JULIE A |
| Address | 600 HOSPITAL DR. | Address | 600 HOSPITAL DR. |
| City-State-Zip: | CRESTVIEW FL 32539 | City-State-Zip: | CRESTVIEW FL 32539 |

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 F GOMEZ MD

PRESIDENT

03/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date