

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000196480

**Entity Name:** 258 MEDICAL PROPERTIES, LLC

**Current Principal Place of Business:**

1007 JENKS AVENUE  
PANAMA CITY, FL 32401

**Current Mailing Address:**

258 MEDICAL PROPERTIES, LLC C/O NICOLE M MORROW  
1007 JENKS AVENUE 460 SUDDUTH AVE  
PANAMA CITY, FL 32401 US

**FEI Number:** 84-2680979

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MORROW, NICOLE M  
258 MEDICAL PROPERTIES, LLC C/O NICOLE M MORROW  
1007 JENKS AVENUE  
PANAMA CITY, FL 32401-2474 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:** NICOLE M MORROW

01/29/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MORROW, NICOLE M  
Address 1007 JENKS AVENUE  
City-State-Zip: PANAMA CITY FL 32401

*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:** NICOLE M MORROW

MGR

01/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date