

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005242

FILED  
Apr 15, 2010  
Secretary of State

Entity Name: ANDREWS INSTITUTE ASC, LLC

## Current Principal Place of Business:

1717 NORTH E ST  
STE 320  
PENSACOLA, FL 32501

## New Principal Place of Business:

1040 GULF BREEZE PKWY  
GULF BREEZE, FL 32561

## Current Mailing Address:

1717 NORTH E ST  
SUITE 320 ATTN: J. KEHOE  
PENSACOLA, FL 32501

## New Mailing Address:

1717 NORTH E ST  
SUITE 320 ATTN: MARY MATHEWS  
PENSACOLA, FL 32501

FEI Number: 35-2274952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

BEGGS & LANE, RLLP  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 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: ELIZABETH CALLAHAN

04/15/2010

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: C  
Name: GUPTA, SUNIL MD  
Address: 5150 NORTH DAVIS HWY  
City-St-Zip: PENSACOLA, FL 32503

Title: MGR  
Name: VERMILLION, KERRY  
Address: 1717 NORTH E ST., STE. 320  
City-St-Zip: PENSACOLA,, FL 32501

Title: MGR  
Name: HARRIMAN, ROBERT PHD  
Address: 1717 NORTH E ST., STE. 320  
City-St-Zip: PENSACOLA, FL 32501

Title: MGR  
Name: GILLILAND, CHAD  
Address: 1717 NORTH E ST., STE. 320  
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KERRY VERMILLION

MGR

04/15/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date