

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State

04-24-2006 90041 036 ****50.00

DOCUMENT # L05000109833 1. Entity Name ANDREWS INSTITUTE MEDICAL PARK, LLC			
Principal Place of Business 1717 NORTH E STREET, SUITE 320 PENSACOLA, FL 32501		Mailing Address 1717 NORTH E STREET, SUITE 320 PENSACOLA, FL 32501	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1717 N. "E" St. Ste. 320 Attn. J. Kehoe Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 20-4428528		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04132006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent BEGGS & LANE, 501 COMMENDENCIA STREET PENSACOLA, FL 32502		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 proprietor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE <u>John Porter</u>		John Porter, President 4/13/06 850/469-2339	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	