

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109833

FILED
Apr 12, 2011
Secretary of State

Entity Name: ANDREWS INSTITUTE MEDICAL PARK, LLC

Current Principal Place of Business:

1717 NORTH E STREET
STE 320
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-4428528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEGGS & LANE
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: C
Name: PORTER, JOHN
Address: 1717 NORTH E ST STE 320
City-St-Zip: PENSACOLA, FL 32501

Title: VC
Name: FAULKNER, MARK
Address: 1717 NORTH E ST., STE. 320
City-St-Zip: PENSACOLA, FL 32501

Title: ST
Name: MCGEE, ELEANOR
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: MARY MATHEWS

AS

04/12/2011

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