

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109833

FILED
Apr 06, 2012
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:

1040 GULF BREEZZE PKWY
GULF BREEZE, FL 32561

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:

CALLAHAN, ELIZABETH
1717 NORTH E ST.
STE. 320
PENSACOLA, FL 32501 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

04/06/2012

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

04/06/2012

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