

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116247

FILED
Mar 28, 2011
Secretary of State

Entity Name: ANDREWS-PAULOS RESEARCH & EDUCATION INSTITUTE, LLC.

Current Principal Place of Business:

1020 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 26-3263612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEGGS & LANE, A REGISTERED LLP
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: D/T
Name: HARRIMAN, BOB
Address: 1717 NORTH E ST STE 320
City-St-Zip: PENSACOLA, FL 32501

Title: D/S
Name: GRAY, EDWARD M
Address: 315 FAIRPOINT DR
City-St-Zip: GULF BREEZE, FL 32561

Title: D/C
Name: PAULOS, LONNIE MD
Address: 1020 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32561

Title: D/VC
Name: ANDREWS, JAMES MD
Address: 1040 GULF BREEZE PKWY.
City-St-Zip: GULF BREEZE, FL 32561

Title: D/AA
Name: GILLILAND, CHAD
Address: 1040 GULF BREEZE PKWY.
City-St-Zip: GULF BREEZE, FL 32561

Title: D
Name: ALFRED, STUBBLEFIELD
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

03/28/2011

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