

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000032874

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** PERDIDO MEDICAL PARK, LLC

**Current Principal Place of Business:**

801 WEST ROMANA STREET  
PENSACOLA, FL 32501

**New Principal Place of Business:**

705 WEST ROMANA STREET  
PENSACOLA, FL 32502

**Current Mailing Address:**

801 WEST ROMANA STREET  
PENSACOLA, FL 32501

**New Mailing Address:**

705 WEST ROMANA STREET  
PENSACOLA, FL 32502

**FEI Number:** 45-0666465

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITCHEM, WILLIAM H  
501 COMMENDENCIA STREET  
C/O BEGGS & LANE, RLLP  
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:** MM  
**Name:** PARKS & HENDERSON II, LLC  
**Address:** P O BOX 13449  
**City-St-Zip:** PENSACOLA, FL 32591

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: C HENDERSON

MM

03/23/2012

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