

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000004320

Entity Name: MOB 14 OF FLORIDA, LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3000 MERIDIAN BOULEVARD  
SUITE 200  
FRANKLIN, TN 37067

**New Principal Place of Business:**

**Current Mailing Address:**

3000 MERIDIAN BOULEVARD  
SUITE 200  
FRANKLIN, TN 37067

**New Mailing Address:**

FEI Number: 26-0077438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MEDICAL OFFICE BUILDINGS OF FLORIDA, LLC  
Address: 3000 MERIDIAN BOULEVARD, STE. 200  
City-St-Zip: FRANKLIN, TN 37067

Title: MGRM  
Name: MEDCAP PROPERTIES I, LLC  
Address: 3000 MERIDIAN BOULEVARD, STE. 200  
City-St-Zip: FRANKLIN, TN 37067

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: ANGELA M. PLAYLE

ARS

04/27/2012

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