

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094435

Entity Name: MACON MEDICAL PROPERTIES, LLC

Current Principal Place of Business:

3639 CORTEZ ROAD WEST
SUITE 250
BRADENTON, FL 34210

Current Mailing Address:

3639 CORTEZ ROAD WEST
SUITE 250
BRADENTON, FL 34210 US

FEI Number: 13-4291312

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205-7734 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CAMBRA DEVELOPMENT, LP
Address PO BOX 292
City-State-Zip: SONORA CA 95370

Title MGRM
Name THE FRAZIER 1996 REVOCABLE TRUST
Address 18760 CHABROUILLAUD LANE
City-State-Zip: JAMESTOWN CA 95327

Title MGRM
Name THE GERALD C. NIELSEN 2003 REVOCABLE TRUST
Address 622 TWILIGHT LANE
City-State-Zip: SONORA CA 95370

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THE GERALD C. NIELSEN 2003 REVOCABLE TRUST

MANAGER

04/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date