

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116247

Entity Name: ANDREWS RESEARCH & EDUCATION INSTITUTE, LLC**Current Principal Place of Business:**1020 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561**Current Mailing Address:**1717 NORTH E ST
STE 320 ATTN: MARY MATHEWS
PENSACOLA, FL 32501**FEI Number:** 26-3263612**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CALLAHAN, ELIZABETH
1717 NORTH E ST.
SUITE 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title D/T
Name HARRIMAN, BOB
Address 1717 NORTH E ST STE 320
City-State-Zip: PENSACOLA FL 32501

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

Title D
Name FAULKNER, MARK T
Address 1717 NORTH E ST., STE. 320
City-State-Zip: PENSACOLA FL 32501

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

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

Title D
Name VERMILLION, KERRY
Address 1717 NORTH E ST., STE. 320
City-State-Zip: PENSACOLA FL 32501

Title ASST. SECRETARY
Name MATHEWS, MARY
Address 1717 NORTH E ST.
STE. 320
City-State-Zip: PENSACOLA FL 32501

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY MATHEWS

ASST. SECRETARY

04/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date