

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000062757

**Entity Name:** EAST HILL CLINIC, LLC

**Current Principal Place of Business:**

1221 EAST DESOTO STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

1221 EAST DESOTO STREET  
PENSACOLA, FL 32501

**FEI Number:** 11-3783134

**Certificate of Status Desired:** No

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

TAYLOR, STEPHANIE A  
1700 W. MAIN ST  
SUITE 100  
PENSACOLA, FL 32502 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 MGR  
Name CONRAD, MICHAEL P  
Address 1221 EAST DESOTO STREET  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL CONRAD

**MANAGER**

**01/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date