

2014 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
1823 N. 9TH AVE
PENSACOLA, FL 32503 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

01/24/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date