

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000032874

**Entity Name:** PERDIDO MEDICAL PARK, LLC

**Current Principal Place of Business:**

41 N JEFFERSON ST  
4TH FLOOR  
PENSACOLA, FL 32502

**Current Mailing Address:**

PO BOX 13449  
PENSACOLA, FL 32591 US

**FEI Number:** 45-0666465

**Certificate of Status Desired:** No

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

MITCHEM, WILLIAM H  
C/O BEGGS & LANE, RLLP  
501 COMMENDENCIA STREET  
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            MANAGAER  
Name            HENDERSON, CHAD C  
Address        41 N JEFFERSON ST  
                  4TH FLOOR  
City-State-Zip: PENSACOLA FL 32502

*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:** CHAD C. HENDERSON

MGR

04/20/2023

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

\_\_\_\_\_  
Date