

2021 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

04/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date