

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000087153

**Entity Name:** TALLAHASSEE MEDICAL QUARTERS, LLC

**Current Principal Place of Business:**

2200 CENTURY PARKWAY, NE  
SUITE 600  
ATLANTA, GA 30345

**Current Mailing Address:**

2200 CENTURY PARKWAY, NE  
SUITE 600  
ATLANTA, GA 30345

**FEI Number:** 47-1058178

**Certificate of Status Desired:** No

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

ARANT, SCOTT W  
1925 CAPTIAL CIRCLE, NE  
TALLAHASSEE, FL 32308 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 ARANT, SCOTT W  
Address 2200 CENTURY PARKWAY, NE  
City-State-Zip: ATLANTA GA 30345

*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:** SCOTT ARANT

**MANAGER**

**01/07/2015**

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

\_\_\_\_\_  
Date