

2016 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

03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date