

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000062150

Entity Name: TRP MEDICAL BUILDING, LLC

Current Principal Place of Business:

535 JOHN KNOX ROAD
TALLAHASSEE, FL 32303

Current Mailing Address:

535 JOHN KNOX ROAD
TALLAHASSEE, FL 32303

FEI Number: 82-1361556

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARDNER, CHARLES R
1300 THOMASWOOD DRIVE
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 PATTERSON, ROSE M
Address 535 JOHN KNOX ROAD
City-State-Zip: TALLAHASSEE FL 32303

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: ROSE PATTERSON

MANAGER

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date