

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000000065

**Entity Name:** OHI ASSET (FL) PENSACOLA-NINE MILE, LLC

**Current Principal Place of Business:**

303 INTERNATIONAL CIRCLE  
SUITE 200  
HUNT VALLEY, MD 21030

**Current Mailing Address:**

303 INTERNATIONAL CIRCLE  
SUITE 200  
HUNT VALLEY, MD 21030 US

**FEI Number:** 61-1810659

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	MEMBER	Title	TREASURER
Name	OHI HEALTHCARE PROPERTIES LIMITED PARTNERSHIP	Name	STEPHENSON, ROBERT O.
Address	303 INTERNATIONAL CIRCLE SUITE 200	Address	303 INTERNATIONAL CIRCLE SUITE 200
City-State-Zip:	HUNT VALLEY MD 21030	City-State-Zip:	HUNT VALLEY MD 21030

*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:** ROBERT O STEPHENSON

MEMBER

05/01/2023

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

\_\_\_\_\_ Date