

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000029945

**Entity Name:** SOUTHWEST FLORIDA EYE CARE, L.L.C.

**Current Principal Place of Business:**

6850 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912

**Current Mailing Address:**

6850 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912

**FEI Number:** 14-1858252

**Certificate of Status Desired:** No

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

PALMON, FLORENTINO EM.D.  
6850 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912 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 MGRM  
Name PALMON, FLORENTINO E  
Address 6850 INTERNATIONAL CENTER BLVD  
City-State-Zip: FORT MYERS FL 33912

Title MGRM  
Name AVRIL, LEONARD F  
Address 6850 INTERNATIONAL CENTER BLVD  
City-State-Zip: FORT MYERS FL 33912

Title AUTHORIZED MEMBER  
Name MARHUE, BRIAN K  
Address 6850 INTERNATIONAL CENTER BLVD  
City-State-Zip: FORT MYERS FL 33912

Title AUTHORIZED MEMBER  
Name ORR, PENNY J  
Address 6850 INTERNATIONAL CENTER BLVD  
City-State-Zip: FORT MYERS FL 33912

*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:** FLORENTINO PALMON

**MGRM**

**02/25/2020**

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

\_\_\_\_\_  
Date