

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000017921

**Entity Name:** RINCON MEDICAL CENTER, LLC

**Current Principal Place of Business:**

12601 WORLD PLAZA LANE  
SUITE # 3  
FORT MYERS, FL 33907

**Current Mailing Address:**

12601 WORLD PLAZA LANE  
SUITE # 3  
FORT MYERS, FL 33907

**FEI Number:** 20-0822804

**Certificate of Status Desired:** No

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

RINCON, WILLIAM G  
12601 WORLD PLAZA LANE  
SUITE #3  
FORT MYERS, FL 33907 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 RINCON, WILLIAM G  
Address 12601 WORLD PLAZA LANE SUITE #3  
City-State-Zip: FORT MYERS FL 33907

Title MGRM  
Name RINCON, MARGARITA R  
Address 12601 WORLD PLAZA LANE SUITE #3  
City-State-Zip: FORT MYERS FL 33907

*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:** MARGARITA R RINCON

MGRM

03/15/2017

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

\_\_\_\_\_  
Date