

2016 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: WILLIAM G. RINCON

MGRM

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date