

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000044009

**FILED**  
**Jan 28, 2016**  
**Secretary of State**  
**CC8260170827**

**Entity Name:** LUTGERT PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

4200 GULF SHORE BOULEVARD NORTH  
NAPLES, FL 34103

**Current Mailing Address:**

4200 GULF SHORE BOULEVARD NORTH  
NAPLES, FL 34103

**FEI Number:** 20-2463137

**Certificate of Status Desired:** No

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

GREGORY, C. NEIL  
4001 TAMIAMI TRAIL N  
STE 250  
NAPLES, FL 34103 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:** C. NEIL GREGORY

01/28/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LUTGERT, SCOTT F  
Address 4200 GULF SHORE BLVD N  
City-State-Zip: NAPLES FL 34103

Title MGRM  
Name LUTGERT, KURT M  
Address 4200 GULF SHORE BLVD N  
City-State-Zip: NAPLES FL 34103

Title MGRM  
Name BAKER, RICHARD J  
Address 4200 GULF SHORE BLVD N  
City-State-Zip: NAPLES FL 34103

Title MGRM  
Name GUTMAN, HOWARD B  
Address 4200 GULF SHORE BLVD N  
City-State-Zip: NAPLES FL 34103

Title MGRM  
Name MCCORKLE, DOUGALL  
Address 4200 GULF SHORE BLVD N  
City-State-Zip: NAPLES FL 34103

*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:** HOWARD B. GUTMAN

MGRM

01/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date