

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000050094

**Entity Name:** FORT MYERS MEDICAL GROUP, LLC

**Current Principal Place of Business:**

5100 N. FEDERAL HIGHWAY  
SUITE 202  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

5100 N. FEDERAL HIGHWAY  
SUITE 202  
FORT LAUDERDALE, FL 33308 US

**FEI Number:** 46-5222114

**Certificate of Status Desired:** No

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

DAVID L. HATTON PA  
2960 WENTWORTH  
WESTON  
FLORIDA, FL 33332 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 MGR  
Name GIRGIS, AKRAM  
Address 1052 S. POWERLINE ROAD  
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGR  
Name MODIST, SCOTT  
Address 5100 N. FEDERAL HIGHWAY, SUITE  
100  
City-State-Zip: FT. LAUDERDALE FL 33308

*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:** SCOTT MODIST

**MANAGER**

**03/09/2016**

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

\_\_\_\_\_  
Date