

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000146012

**Entity Name:** GERIATRICS AND HOSPITALISTS ASSOCIATES, LLC

**Current Principal Place of Business:**

3354 ANTICA  
FT MYERS, FL 33905

**Current Mailing Address:**

3354 ANTICA  
FT MYERS, FL 33905 US

**FEI Number: 47-1901660**

**Certificate of Status Desired: No**

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

PORTER, WILLIAM  
3354 ANTICA  
FT MYERS, FL 33905 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	AMBR	Title	AMBR
Name	PORTER, WILLIAM	Name	WORKMAN, M LEE
Address	3354 ANTICA STREET	Address	3354 ANTICA STREET
City-State-Zip:	FT MYERS FL 33905	City-State-Zip:	FT MYERS FL 33905

*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 PORTER**

**DIRECTOR**

**04/30/2022**

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

\_\_\_\_\_  
Date