

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000040496

**Entity Name:** PELVIC HEALTH INSTITUTE, LLC

**Current Principal Place of Business:**

8931 COLONIAL CENTER DRIVE  
FORT MYERS, FL 33905

**Current Mailing Address:**

8931 COLONIAL CENTER DRIVE  
FORT MYERS, FL 33905 US

**FEI Number: 81-1643871**

**Certificate of Status Desired: No**

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

BRUCE H. VANDERLAAN, ATTORNEY AT LAW, P.A.  
1500 ROYAL PALM SQUARE BOULEVARD  
SUITE 101  
FORT MYERS, FL 33919 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  
Name MIRANDA-SOUSA, ALEJANDRO  
Address 8931 COLONIAL CENTER DRIVE  
City-State-Zip: FORT MYERS FL 33905

Title AMBR  
Name PENA, SHARDAE  
Address 8931 COLONIAL CENTER DRIVE  
City-State-Zip: FORT MYERS FL 33905

Title AMBR  
Name PENA, DANIEL  
Address 8931 COLONIAL CENTER DRIVE  
City-State-Zip: FORT 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: ALEJANDRO MIRANDA-SOUSA**

**AMBR**

**04/30/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date