

2017 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.
14047 SHIMMERING LAKE CT
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 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

MEMBER

04/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date