

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000119302

Entity Name: HEALTHWISE MEDICAL PRACTICE, LLC

Current Principal Place of Business:

1415 COLONIAL BLVD
UNIT 1
FORT MYERS, FLORIDA, FL 33907

Current Mailing Address:

1415 COLONIAL BLVD
SUITE 1
FORT MYERS, FL 33907 US

FEI Number: 83-0858039

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTIN, JESSIE M.D
1415 COLONIAL BLVD
SUITE 1
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 MGR
Name MARTIN, JESSIE M.D
Address 1415 COLONIAL BLVD
UNIT 1
City-State-Zip: FORT MYERS, FLORIDA AL 33907

Title AMBR
Name EMMANUEL, PEREIRA PH.D
Address 1415 COLONIAL BLVD
UNIT 1
City-State-Zip: FORT MYERS, FL 33907

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: JESSIE MARTIN, MD

MD/MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date