# 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

Electronic Signature of Signing Authorized Person(s) Detail

MD

#### 04/15/2021

Date

## 2021 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

#### 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:	JESSIE MARTIN, MD			04/15/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	AMBR	
Name	MARTIN, JESSIE M.D	Name	EMMANUEL, PEREIRA PH.D	
Address	1415 COLONIAL BLVD UNIT 1	Address	1415 COLONIAL BLVD UNIT 1	
City-State-Zip:	FORT MYERS, FLORIDA AL 33907	City-State-Zip:	FORT MYERS, FL 33907	

#### Certificate of Status Desired: No

FILED Apr 15, 2021 Secretary of State 9411363127CC