

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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:** JESSIE MARTIN, MD

10/03/2023

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

10/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date