

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000049295

**Entity Name:** LUTGERT MEDICAL CENTER, LLC

**Current Principal Place of Business:**

5450 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

4850 TAMIAMI TRAIL NORTH  
200  
NAPLES, FL 34103 US

**FEI Number:** 88-0916369

**Certificate of Status Desired:** No

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

GREGORY, CLINTON N  
4001 TAMIAMI TRAIL NORTH  
105  
NAPLES, FL 34103 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 GUTMAN, HOWARD B  
Address 4850 TAMIAMI TRAIL NORTH #200  
City-State-Zip: NAPLES FL 34103

Title MGR  
Name LUTGERT, ERIK F  
Address 4850 TAMIAMI TRAIL NORTH #200  
City-State-Zip: NAPLES FL 34103

Title MGR  
Name CROWLEY, DAVID M  
Address 4850 TAMIAMI TRAIL NORTH #200  
City-State-Zip: NAPLES FL 34103

Title MGR  
Name HOYT, MICHAEL T  
Address 4850 TAMIAMI TRAIL NORTH #200  
City-State-Zip: NAPLES FL 34103

*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:** HOWARD GUTMAN

MGR

04/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date