

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003899

FILED
Apr 13, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA PHYSICIANS, LLC

Current Principal Place of Business:

11161HEALTH PARK BLVD.
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

11161 HEALTH PARK BLVD.
NAPLES, FL 34110

New Mailing Address:

FEI Number: 52-2315549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKLEY, THOMAS C
11161 HEALTH PARK BLVD
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUCKLEY, THOMAS C
Address: 11161 HEALTH PARK BLVD.
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: COOK, THOMAS L
Address: 4949 TAMiami TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

Title: MGR () Delete
Name: LANDI, JOHN P
Address: 85 8TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: COOK, THOMAS L
Address: 1336 CREEKSIDE BLVD, SUITE 1
City-St-Zip: NAPLES, FL 34108

Title: MGR (X) Change () Addition
Name: LANDI, JOHN P
Address: 20 10TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: THOMAS C BUCKLEY

MGR

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date