

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000112570

Entity Name: RJ3 SWFL LLC

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

13100 WESTLINKS TERRACE  
SUITE 12  
FORT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

401 COMMERCIAL CT  
SUITE C  
VENICE, FL 34292

**New Mailing Address:**

FEI Number: 26-1369780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SLOAN, PAUL  
401 COMMERCIAL CT  
SUITE C  
VENICE, FL 34292 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  
Name: SLOAN, PAUL A  
Address: 401 COMMERCIAL CT  
City-St-Zip: VENICE, FL 34292

Title: MGRM  
Name: SWFL MEDICAL PARTNERS LLC  
Address: 401 COMMERCIAL CT., SUITE C  
City-St-Zip: VENICE, FL 34292

I hereby 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: PAUL SLOAN

MGR

04/11/2012

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