

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000077871

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** SOUTHWEST FLORIDA MEDICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

9240 BONITA BEACH ROAD SUITE 2206  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

3822 BROADWAY AVENUE SUTIE A AND C  
FT. MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 27-0724987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SEDA, FRANK J JR  
4061 BONITA BEACH ROAD  
BONITA SPRINGS, FL 34134 US

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

TOUHEY, KRISTEN J  
3822 BROADWAY AVENUE  
SUITE C  
FT. MYERS, FL 33901 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: KRISTEN J. TOUHEY

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MMBR  
Name: SEDA, FRANK JR  
Address: 9240 BONITA BEACH ROAD SUITE 2206  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MMBR  
Name: TOUHEY, KRISTEN J  
Address: 9240 BONITA BEACH ROAD, SUITE 2206  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: MGRM  
Name: LINDGREN, TODD  
Address: 9240 BONITA BEACH RD SUITE 2206  
City-St-Zip: BONITA SPRINGS, FL 34135

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: KRISTEN J. TOUHEY

PRES

02/16/2011

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