

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000077871

FILED  
Jan 10, 2012  
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:**

3822 BROADWAY AVENUE  
FT. MYERS, FL 33901

**FEI Number:** 27-0724987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

TOUHEY, KRISTEN J  
3822 BROADWAY AVENUE  
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, RA

01/10/2012

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

MGRM

01/10/2012

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