

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000087874

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** PRECISION MEDICAL MANAGEMENT OF SWFL, LLC

**Current Principal Place of Business:**

1250 PINE RIDGE ROAD  
NAPLES, FL 34108

**New Principal Place of Business:**

1919 TRADE CENTER WAY  
#2  
NAPLES, FL 34109

**Current Mailing Address:**

1250 PINE RIDGE ROAD  
NAPLES, FL 34108

**New Mailing Address:**

1919 TRADE CENTER WAY  
#2  
NAPLES, FL 34109

**FEI Number:** 27-1077869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTELL, LORI-ANN  
1250 PINE RIDGE ROAD  
NAPLES, FL 34108 US

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

MARTELL, LORI-ANN  
1919 TRADE CENTER WAY  
#2  
NAPLES, FL 34109 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: LORI-ANN MARTELL

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LEACH, GREGORY E  
Address: 1919 TRADE CENTER WAY # 2  
City-St-Zip: NAPLES, FL 34109

Title: MGR  
Name: MARTELL, LORI-ANN  
Address: 1919 TRADE CENTER WAY #2  
City-St-Zip: NAPLES, FL 34109

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: LORI-ANN MARTELL

MGR

04/27/2012

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