

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L01000003899

**Entity Name:** SOUTHWEST FLORIDA PHYSICIANS, LLC**Current Principal Place of Business:**801 ANCHOR RODE DRIVE  
SUITE 201  
NAPLES, FL 34103**Current Mailing Address:**801 ANCHOR RODE DRIVE  
SUITE 201  
NAPLES, FL 34103 US**FEI Number:** 52-2315549**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
TALLAHASSEE, FL 32301 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

|                 |                                    |
|-----------------|------------------------------------|
| Title           | MGR                                |
| Name            | COOK, THOMAS L DR.                 |
| Address         | 801 ANCHOR RODE DRIVE<br>SUITE 201 |
| City-State-Zip: | NAPLES FL 34103                    |

|                 |  |
|-----------------|--|
| Title           | MGR                                      |
| Name            | PRYSI, MARK DR.                          |
| Address         | 9125 CORSEA DEL FONTANA WAY<br>SUITE 100 |
| City-State-Zip: | NAPLES FL 34108                          |

|                 |                                    |
|-----------------|------------------------------------|
| Title           | MGR                                |
| Name            | ANDERSON, LEE DR.                  |
| Address         | 801 ANCHOR RODE DRIVE<br>SUITE 201 |
| City-State-Zip: | NAPLES FL 34103                    |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | MGR                               |
| Name            | ALBURGER, JOHN DR.                |
| Address         | 311 9TH STREET NORTH<br>SUITE 210 |
| City-State-Zip: | NAPLES FL 34102                   |

|                 |   |
|-----------------|---|
| Title           | MGR                                     |
| Name            | RITTER, DAVID DR.                       |
| Address         | 9776 BONITA BEACH ROAD, SE<br>SUITE 102 |
| City-State-Zip: | BONITA SRPINGS FL 34135                 |

|                 |                                    |
|-----------------|------------------------------------|
| Title           | EXECUTIVE DIRECTOR                 |
| Name            | BLANCHARD, CATHY E                 |
| Address         | 801 ANCHOR RODE DRIVE<br>SUITE 201 |
| City-State-Zip: | NAPLES FL 34103                    |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CATHY BLANCHARD**EXECUTIVE DIRECTOR****03/29/2018**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date