2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2016
Secretary of State
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Entity Name: SOUTHWEST FLORIDA PHYSICIANS, LLC

Current Principal Place of Business:

1336 CREEKSIDE BLVD., SUITE 4
NAPLES, FL 34108

Current Mailing Address:

1336 CREEKSIDE BLVD., SUITE 4
NAPLES, FL 34108 US

FEI Number: 52-2315549

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUCKLEY, THOMAS C
1336 CREEKSIDE BLVD., SUITE 4
NAPLES, FL 34108 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	Title	MGR
Name	COOK, THOMAS L	Name	LANDI, JOHN P
Address	1336 CREEKSIDE BLVD, SUITE 1	Address	9955 TAMIAMI TRAIL NORTH
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108

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: THOMAS L COOK MGR 01/22/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date