

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000037508

**Entity Name:** 1688 MEDICAL LANE, LLC

**Current Principal Place of Business:**

3590 23RD AVENUE S.W.  
NAPLES, FL 34117

**Current Mailing Address:**

3590 23RD AVENUE S.W.  
NAPLES, FL 34117

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WILSON, GARY  
9132 STRADA PLACE  
SALVATORI, WOOD & BUCKEL  
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 MGRM  
Name GRACE COMMUNITY CHURCH OF  
NAPLES, INC.  
Address 5524 19TH CT. SW  
City-State-Zip: NAPLES FL 34116

*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:** REV. ELLSWORTH MCINTYRE

MGRM

04/07/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date