

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103382

Entity Name: SWFL MEDICAL PARTNERS LLC

Current Principal Place of Business:

401 COMMERCIAL CT
SUITE D
VENICE, FL 34292

Current Mailing Address:

401 COMMERCIAL CT
SUITE D
VENICE, FL 34292 US

FEI Number: 56-2621484

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SLOAN, PAUL
401 COMMERCIAL CT
SUITE D
VENICE, FL 34292 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: PAUL SLOAN

04/09/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SLOAN, PAUL
Address 401 COMMERCIAL CT
City-State-Zip: VENICE FL 34292

Title MGRM
Name JABRA, LLC
Address 1640 LENA LANE
City-State-Zip: SARASOTA FL 34240

Title MGRM
Name ASIA, LLC
Address 401 COMMERCIAL CT SUITE D
City-State-Zip: SARASOTA FL 34292

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: PAUL SLOAN

MGR

04/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date