

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000039488

Entity Name: IHOSPITAL OF NAPLES, LLC

Current Principal Place of Business:

4592 TAMIAMI TRAIL NORTH
NAPLES, FL 34103

Current Mailing Address:

4592 TAMIAMI TRAIL N
NAPLES, FL 34103 US

FEI Number: 45-4842981

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MASTERS, JOHN M
4592 TAMIAMI TRAIL NORTH
NAPLES, FL 34103 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: JOHN M. MASTERS

01/18/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MASTERS, JOHN M
Address 4001 GULF SHORE BLVD N #407
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: JOHN MASTERS

OWNER

01/18/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date