

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000034073

**Entity Name:** HCA OF NAPLES LLC

**Current Principal Place of Business:**

1575 PINE RIDGE RD UNIT 5  
NAPLES, FL 34109

**Current Mailing Address:**

7777 FAY AVENUE  
SUITE 210  
LA JOLLA, CA 92037 US

**FEI Number:** 46-2324122

**Certificate of Status Desired:** No

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

INCORPORATING SERVICES, LTD.  
1540 GLENWAY DRIVE  
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:** ASHLEY WRIGHT - ASSISTANT SECRETARY

03/16/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           SCOTT, BRIAN  
Address        7777 FAY AVENUE  
                  SUITE 210  
City-State-Zip: LA JOLLA CA 92037

*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:** BRIAN SCOTT

MANAGER

03/16/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date