2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2017
Secretary of State
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Entity Name: TMS CENTER OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

6804 PORTO FINO CIRCLE SUITE 1
FT MYERS, FL 33912

Current Mailing Address:

6804 PORTO FINO CIRCLE SUITE 1
FT MYERS, FL 33912

FEI Number: 46-5647713

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POLLACK, ROBERT W
6804 PORTO FINO CIRCLE SUITE 1
FT MYERS, FL 33912 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	POLLACK, ROBERT W	Name	LYNN ORTIZ, NICOLE
Address	6804 PORTO FINO CIRCLE SUITE 1	Address	6804 PORTO FINO CIRCLE SUITE 1
City-State-Zip:	FT MYERS FL 33912	City-State-Zip:	FT MYERS FL 33912

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: ROBERT W POLLACK MGR 01/15/2017

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