

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000076772

**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 POLLACK, MD

**MGR**

**01/29/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date