## 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: DAVID WOOD

	Certificate of Status
ered Agent:	Certificate of Statu.

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.

11857 FIVE WATERS CIR FORT MYERS, FL 33913-9078 US

**Current Mailing Address:** 

### FEI Number: 47-4515495

#### Name and Address of Current Registe

Electronic Signature of Registered Agent

WOOD, DAVID A 11857 FIVE WATERS CIRCLE FT MYERS, FL 33913 US

Authorized Person(s) Detail :

MGR

City-State-Zip: FORT MYERS FL 33913

WOOD, DAVID A

11857 FIVE WATERS CIRCLE

SIGNATURE:

Title

Name Address

## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L15000116955

6900 DANIELS PARKWAY

FORT MYERS, FL 33912

SUITE 29-125

Entity Name: SOUTHWEST FLORIDA PATIENT CARE, LLC

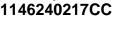
#### **Current Principal Place of Business:**

# is Desired: No

Title MGR Name WOOD, SUSAN A Address 11857 FIVE WATERS CIRCLE City-State-Zip: FORT MYERS FL 33913

MANAGER

Electronic Signature of Signing Authorized Person(s) Detail



Date

FILED Jan 14, 2025

Secretary of State

01/14/2025 Date