

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000116955

Entity Name: SOUTHWEST FLORIDA PATIENT CARE, LLC

Current Principal Place of Business:

6900 DANIELS PARKWAY
SUITE 29-125
FORT MYERS, FL 33912

Current Mailing Address:

6900 DANIELS PARKWAY
SUITE 29-125
FORT MYERS, FL 33912 US

FEI Number: 47-4515495

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOOD, DAVID A
11857 FIVE WATERS CIRCLE
FT MYERS, FL 33913 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
Name WOOD, DAVID A
Address 11857 FIVE WATERS CIRCLE
City-State-Zip: FORT MYERS FL 33913

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

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 A. WOOD

OWNER

02/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date