

**2018 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 WOOD

**MANAGER**

**01/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date