

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000116955

Entity Name: SOUTHWEST FLORIDA PATIENT CARE, LLC

Current Principal Place of Business:

9452 MONTEBELLO WAY
109
FT MYERS, FL 33908

Current Mailing Address:

9452 MONTEBELLO WAY
109
FT MYERS, FL 33908 US

FEI Number: 47-4515495

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOOD, DAVID A
9452 MONTEBELLO WAY
109
FT MYERS, FL 33908 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 9452 MONTEBELLO WAY
#109
City-State-Zip: FORT MYERS FL 33908

Title MGR
Name WOOD, SUSAN A
Address 9452 MONTEBELLO WAY - # 109
City-State-Zip: FT MYERS FL 33908

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, CEO

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date