

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000198680

**Entity Name:** THE INJURY CLINIC OF FT. MYERS, LLC

**Current Principal Place of Business:**

12640 WORLD PLAZA LANE  
FT. MYERS, FL 33907

**Current Mailing Address:**

12640 WORLD PLAZA LANE  
FT. MYERS, FL 33907 US

**FEI Number: 86-3363899**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SWALLEH, WLEID  
12640 WORLD PLAZA LANE  
FT. MYERS, FL 33907 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:** WLEID SWALLEH

04/06/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SWALLEH, WLEID  
Address 12640 WORLD PLAZA LANE  
BLDG 71  
City-State-Zip: FT. MYERS FL 33907

*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:** WLEID SWALLEH

**MANAGER**

04/06/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date