

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000008207

**Entity Name:** LITTLE FOREST MEDICAL CENTER, LLC

**Current Principal Place of Business:**

950 GALLEON DRIVE  
NAPLES, FL 34102

**Current Mailing Address:**

950 GALLEON DRIVE  
NAPLES, FL 34102

**FEI Number: 34-1120588**

**Certificate of Status Desired: No**

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

GIBSON, GREGORY J  
780 5TH AVE. S  
NAPLES, FL 34102 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:** GREGORY J GIBSON

04/29/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name POTTS, PATRICIA C  
Address 950 GALLEON DRIVE  
City-State-Zip: NAPLES FL 34102

Title MGRM  
Name TRACEY, SHARI  
Address 10600 SIX PINES DR.  
City-State-Zip: WOODLANDS TX 77380

Title MGR  
Name GIBSON, GREGORY J  
Address 780 5TH AVE #203  
City-State-Zip: NAPLES FL 34102

*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:** GREGORY J GIBSON

MANAGER

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date