

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90156 022 \*\*\*150.00

**DOCUMENT # F99000002773**

1. Entity Name  
NORTHPORT HEALTH SERVICES, INC.



Principal Place of Business  
931 FAIRFAX PARK  
TUSCALOOSA, AL 35406

Mailing Address  
931 FAIRFAX PARK  
TUSCALOOSA, AL 35406

**DO NOT WRITE IN THIS SPACE**

40068579



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
63-0942693

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ESTES, J. NORMAN 931 FAIRFAX PARK TUSCALOOSA, AL 334062805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEE, CLAUDE 931 FAIRFAX PARK TUSCALOOSA, AL 35406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan W. Dockery, Asst. Controller 4/26/06 205-343-7322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #