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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2003 8:00 am Secretary of State F99000002773 DOCUMENT # 04-22-2003 90030 029 ***150.00 1. Entity Name NORTHPORT HEALTH SERVICES, INC. Mailing Address Principal Place of Business 931 FAIRFAX PARK 931 FAIRFAX PARK TUSCALOOSA AL 35406 TUSCALOOSA AL 35406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 63-0942693 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE Defete NAME ESTES, J. NORMAN NAME 931 FAIRFAX PARK STREET ADDRESS STREET ADDRESS **TUSCALOOSA AL 33406-2805** CITY-ST-ZIF CITY-ST-ZIP TITLE **VS** ☐ Delete TITLE Change ☐ Addition NAME LEE, CLAUDE NAME STREET ADDRESS STREET ADDRESS 931 FAIRFAX PARK CITY-ST-ZIF TUSCALOOSA AL 35406 CITY-ST-ZIP TITLE Defete: THILE Change - Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

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TITLE

NAME

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CITY-ST-7IP

☐ Delete

Addition