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sparkman and quinn pa
Xiu Qiong CEN APInstr

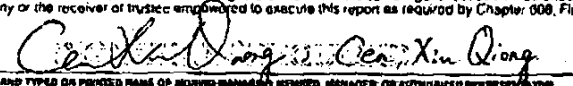
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FILED
Apr 11, 2002 8:00 am
Secretary of State

03-25-2002 90021 041 ***50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002994			
1. Entity Name FLORIDA HEALTH ACADEMY - NAPLES, L.L.C.			
Principal Place of Business 281 9TH STREET S. NAPLES FL 34102		Mailing Address 281 9TH STREET S. NAPLES FL 34102	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3644450		Applied For ☐ Not Applicable	
5. Certificate of Joture Dashed ☐ \$5.00 additional Fee Required			
6. Name and Address of Current Registered Agent TUCKER, E. GLENN 950 NORTH COLLIER BLVD., SUITE 204 MARCO ISLAND FL 34145		7. Name and Address of New Registered Agent Name SPARKMAN & Quinn, P.A. Street Address (P.O. Box Number is Not Acceptable) 307 Airport pulling Rd. North City Naples FL Zip Code 34101	
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.			
SIGNATURE  (NOTE: Registered Agent signature required when registered)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR GREGG, ANITA 281 9TH STREET S. NAPLES FL 34102	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DOF Paul Gregg PO Box 16 Oxford EN.	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ED CEN. Xiu Qiong 707 Lone oak Blvd Naples, FL 34109	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
10. ADDITIONS/CHANGES ☒ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.			
SIGNATURE:  3/3/02. 941-263-2322			