Apr 05 02 03:26p sparkman and quinn pa 9

Apr 04 02 01:49p Xiu Qiong CEN APInstr 941

FILED
Apr 11, 2002 8:00 am
Secretary of State
03-25-2002 90021 041 ****50.00

J/25/02

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002994

1. Entity Name
FLORIDA HEALTH ACADEMY - NAPLES, L.L.C.

23658

Principal Place of Business	Mailing Address
281 9TH STREET S. NAPLES FL 34102	281 9TH STREET S. NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

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 Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TUCKER, E. GLENN 950 NORTH COLLIER BLVD., SUITE 204 MARCO ISLAND FL 34145	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GREGG, ANITA 281 9TH STREET S NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Gregg, Anita PO Box 16 OXford TN	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SIGN HERE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DOF Paul Gregg PO Box 16 OXford TN.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED CEN. Xiu Qiong 7070 Lone oak Blvd Naples FL 34109	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (04/01)

11. 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 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: Cen Xiu Qiong Cen Xiu Qiong 3/3/02 941-263-2382
SIGNATURE AND TYPED OR PRINTED NAME OF MGR/MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #