

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000002994

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 22 AM 9:58

Principal Place of Business
261 9TH STREET S.
NAPLES, FL 34102

Mailing Address
261 9TH STREET S.
NAPLES, FL 34102

2. Principal Place of Business

3. Mailing Address
900 S. Tax Accounting, Inc



01192004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.
869 B 9TH AVE N.

City & State

City & State
Naples FL

4. FEI Number
59-3644450

Applied For
Not Applicable

Zip

Country

Zip
34108

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPARKMAN, QUIN PA
307 AIRPORT PULLING RD NORTH
NAPLES, FL 34101

7. Name and Address of New Registered Agent

Name
Jay D. Hillis
Street Address (P.O. Box Number is Not Acceptable)
900 S. Tax Accounting, Inc
869 B 9TH AVE N.
City
Naples FL Zip Code
34108

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

Clayton Allen

(NOTE: Registered Agent's signature required when registering a new agent.)

JDH

1/18/04

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	
NAME	GREGG, ANITA	
STREET ADDRESS	P.O. BOX 16	
CITY - ST - ZIP	OXFORD, EN	
TITLE	MGRM	
NAME	GREGG, PAUL	
STREET ADDRESS	PO BOX 16	
CITY - ST - ZIP	OXFORD, EN	
TITLE	MGRM	
NAME	CEN, XIU QIONG	
STREET ADDRESS	351 9TH AVE. S.	
CITY - ST - ZIP	NAPLES, FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE			<input type="checkbox"/> Addition
NAME	10003094926		
STREET ADDRESS	03/23/04--01108--002	**350.00	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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:

A. Gregg

AG

1/18/04

239 597 7089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #