


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT.

**FILED**

**Feb 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000002994</b> 1. Entity Name FLORIDA HEALTH ACADEMY - NAPLES, L.L.C.	
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Principal Place of Business 261 9TH STREET S. NAPLES, FL 34102	Mailing Address % US TAX ACCOUNTING, INC. 869 B 97TH AVE. N. NAPLES, FL 34108
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DO NOT WRITE IN THIS SPACE



01282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3644450	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  HILLIS, JAY D % US TAX ACCOUNTING, INC. 869 B 97TH AVE. N. NAPLES, FL 34108	DO NOT WRITE IN THIS SPACE
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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)

\_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREGG, ANITA P.O. BOX 16 OXFORD, EN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREGG, PAUL PO BOX 16 OXFORD, EN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CEN, XIU QIONG 351 9TH AVE. S. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE  
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02/24/05-80069-003 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** C. H. King Director of Education 1/30/05 (239)-263-2322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/Time Phone #