

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002994

FILED
Jan 24, 2006
Secretary of State

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

Current Principal Place of Business:

261 9TH STREET S.
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

% US TAX ACCOUNTING, INC.
869 B 97TH AVE. N.
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3644450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLIS, JAY D
% US TAX ACCOUNTING, INC.
869 B 97TH AVE. N.
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GREGG, ANITA
Address: P.O. BOX 16
City-St-Zip: OXFORD, EN

Title: MGRM () Delete
Name: GREGG, PAUL
Address: PO BOX 16
City-St-Zip: OXFORD, EN

Title: MGRM () Delete
Name: CEN, XIU QIONG
Address: 351 9TH AVE. S.
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DR. XIU Q. CEN

MGRM

01/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date