2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# L00000002994

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 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 QIONG CEN MGRM 01/17/2008

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