

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000002994

**FILED**  
**Jan 05, 2010**  
**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:**

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

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: JAY D HILLIS

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGR  
Name: HILLIS, JAY HILLIS  
Address: 869-B 97TH AVENUE N  
City-St-Zip: NAPLES, FL 34108 US

I hereby 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: JAY D HILLIS

MGR

01/05/2010

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