

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L00000002994

**FILED**  
**May 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 MGR  
% 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  
**Name:** GREGG, SIMON  
**Address:** THE FOUNDRY 26 HIGH STREET  
**City-St-Zip:** BRAMLEY SURREY, EN GU5 OHB 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

05/05/2010

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