## LIMITED LIABILITY COMPANY

## FILED May 06, 2002 8:00 am Secretary of State

05-06-2002 90135 029 \*\*\*\*50.00

OMITOR	N ROSINESS	REPORT	(UBR
DOCUMENT #  1. Entity Name	L01000004880		

LAKE HARRIS HEALTH SYSTEMS, LLC DO NOT WRITE IN THIS SPACE 954622 2. Principal Place of Business
701 LAKE PORT BLVD. 3. Mailing Address 18167 U.S. HIGHWAY 19 N. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 660 City & State LEESBURG, FL City & State 4. FEI Number 59-3708393 CLÉARWATER. Applied For Zip Country Not Applicable Country 34748 33764 \$5.00 Additional LAKE PINÉLLAS 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE JOHNSON EZELL HEALTH CARE MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 18167 U.S. HIGHWAY 19 NORTH 660 City CLEARWATER Zip Code 33764 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS TITLE MGR TITLE NAME JOHNSON EZELL HEALTH CARE MGMT NAME STREET ADDRESS 18167 U.S. HWY 19 N., #660 STREET ADDRESS CJTY-ST-7IP CLEARWATER, FL 33764 CITY ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE (8) NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP TITLE TITLE 5 NAME IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NEIL EZELL

(727)530-5522

Daytime Phone #