

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

05-06-2002 90135 030 ****50.00

DOCUMENT # L01000004883

1. Entity Name

SYLVAN HEALTH SYSTEMS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2770 REGENCY OAKS BLVD.

Suite, Apt. #, etc.

3. Mailing Address
18167 U.S. HIGHWAY 19 N.

Suite, Apt. #, etc.

SUITE 660

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

4. FEI Number
59-3708392

Applied For

Not Applicable

Zip
33759

Country
PINELLAS

Zip
33764

Country
PINELLAS

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JOHNSON EZELL HEALTH CARE MANAGEMENT, INC.

Street Address (P.O. Box Number is Not Acceptable)

18167 U.S. HIGHWAY 19 NORTH, SUITE 660

City
CLEARWATER

FL

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.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JOHNSON EZELL HEALTH CARE MGMT
18167 U.S. HWY 19 N., #660
CLEARWATER, FL 33764

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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:

Neil Ezell

NEIL EZELL

4/22/02

(727) 530-5522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)