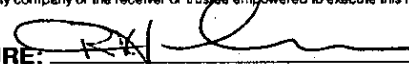


2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

00000404

DOCUMENT # L01000004883			
1. Entity Name SYLVAN HEALTH SYSTEMS, LLC			
Principal Place of Business 2770 REGENCY OAKS BLVD CLEARWATER, FL 33759		Mailing Address 18167 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764	
2. Principal Place of Business		3. Mailing Address <i>18167 U.S. HIGHWAY 19 NORTH SUITE 660</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>CLEARWATER FL</i>	
Zip	Country	Zip	Country
		<i>33764</i>	<i>USA</i>
4. FEI Number 59-3708392		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON EZELL HEALTH CARE MANAGEMENT INC. 18167 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when necessary) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete MGR JOHNSON EZELL HEALTH CARE MANAGEMENT, INC. 18167 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 506, Florida Statutes.			
SIGNATURE: 		4/30/03 (727) 530-5522	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

R. Kelley Johnson, Chairman of
Johnson Ezell Health Care Management, Inc., Manager

CR2003 (10/02)