FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92176 017 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

J000J494

DOCUMENT # L01000004883

1. Entity Name
SYLVAN HEALTH SYSTEMS, LLC

Principal Place of Business	Mailing Address
2770 REGENCY OAKS BLVD CLEARWATER, FL 33759	18167 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764

2. Principal Place of Business		3. Mailing Address	
		18167 U.S. HIGHWAY 19 NORTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 660	
City & State		City & State CLEARWATER FL	
Zip	Country	Zip 33764	Country USA

☑ CHECK HERE IF MAKING CHANGES

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	MGR JOHNSON EZELL HEALTH CARE MANAGEMENT, INC. 18167 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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 606, Florida Statutes.

SIGNATURE: [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