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

05-05-2003 92174 026 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004884

1. Entity Name
HARBOUR HEALTH SYSTEMS, LLC

30069324

Principal Place of Business	Mailing Address
23013 WESTCHESTER BLVD PORT CHARLOTTE, FL 33980	18167 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764

2. Principal Place of Business		3. Mailing Address	
		18167 U.S. HIGWAY 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 59-3708394 — ☐ 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

TITLE	MGR	☐ Delete
NAME	JOHNSON EZELL HEALTH CARE MANAGEMENT, INC.	
STREET ADDRESS	18167 U.S. HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE: ______________________ 4/30/2003 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