

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000016071

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: NEXT HEALTH, LLC

Current Principal Place of Business:

37 NORTH ORANGE AVE. SUITE 500
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

37 NORTH ORANGE AVE. SUITE 500
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3760321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, E. NICHOLAS III
2710 REW CIRCLE
SUITE 100
OCOEEDO, FL 34761

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DAVID, E. NICHOLAS III
Address: 2710 REW CIRCLE SUITE 100
City-St-Zip: OCOEE, FL 34761

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LUBINSKY, RANDY A
Address: 37 N. ORANGE AVE., SUITE 500
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Change (X) Addition
Name: GRAY, STEPHEN R
Address: 37 N. ORANGE AVE., SUITE 500
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Change (X) Addition
Name: SZPORKA, MARK
Address: 37 N. ORANGE AVE., SUITE 500
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARK SZPORKA

MGR

05/01/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date