

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0006644

DOCUMENT # L01000016071

1. Entity Name

NEXT HEALTH, LLC



FILED

03 APR 17 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

37 NORTH ORANGE AVE. SUITE 500  
ORLANDO FL 32801

Mailing Address

37 NORTH ORANGE AVE. SUITE 500  
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3760321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 MGRM  
NAME LUBINSKY, RANDY A  
STREET ADDRESS 37 N. ORANGE AVE., SUITE 500  
CITY-ST-ZIP ORLANDO FL 32801 ☒ Delete

TITLE MGRM  
NAME ARTHUR HUDSON  
STREET ADDRESS 37 N. ORANGE AVE., SUITE 500  
CITY-ST-ZIP ORLANDO, FL 32801 ☐ Change ☒ Addition

TITLE MGR  
NAME GRAY, STEPHEN R  
STREET ADDRESS 37 N. ORANGE AVE., SUITE 500  
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400016212304  
04/17/03--01046--008 \*\*\$50.00

TITLE MGR  
NAME SZPORKA, MARK  
STREET ADDRESS 37 N. ORANGE AVE., SUITE 500  
CITY-ST-ZIP ORLANDO FL 32801 ☒ 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

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

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:

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

Date

Daytime Phone #

CR2E083 (10/02)