

FILED  
May 02, 2003 8:00 am  
Secretary of State

05-02-2003 90575 033 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000007167

1. Entity Name  
TRIAL SUPPORT FACILITIES OF NAPLES, LLC



30066568

Principal Place of Business  
4001 TAMiami TRAIL NORTH, SUITE 330  
NAPLES, FL 34103

Mailing Address  
4001 TAMiami TRAIL NORTH, SUITE 330  
NAPLES, FL 34103

2. Principal Place of Business  
3080 Tamiami Trail East  
Suite, Apt. #, etc.

3. Mailing Address  
3080 Tamiami Trail East  
Suite, Apt. #, etc.

City & State  
Naples, Florida

City & State  
Naples, FL

Zip  
34112

Country  
Collier

Zip  
34112

Country  
Collier

4. FEI Number  
01-0691348

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COLLINS, THOMAS A II  
4001 TAMiami TRAIL NORTH, SUITE 330  
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
3080 Tamiami Trail East  
City  
Naples FL Zip Code  
34112

8. The above named entity admits 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 WITH FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President/Managing Member ☐ Delete  
Richard M. Treiser  
3080 Tamiami Trail East  
Naples, Florida 34112 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 606, Florida Statutes.

SIGNATURE:

Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

Thomas A. Collins, II  
4-29-03  
239-644-4900

CR2503 (10/02)