

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037208

FILED
Apr 11, 2005
Secretary of State

Entity Name: TRAIL HEALTH CENTER, LLC

Current Principal Place of Business:

3715 TAMIAMI TRAIL EAST
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

3715 TAMIAMI TRAIL EAST
NAPLES, FL 34112

New Mailing Address:

PO BOX 8568
NAPLES, FL 34101

FEI Number: 74-3122667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIKET & SOLIS, LLP
1100 5TH AVE SOUTH
SUITE 301
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

KENOL, CLAUDE J MD
4730 GOLDEN GATE PKWY
SUITE A
NAPLES, FL 34116 US

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: CLAUDE KENOL

04/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: KENOL, CLAUDE J MD
Address: 4730-A
City-St-Zip: NAPLES, FL 34116

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: CLAUDE KENOL

MGR

04/11/2005

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