

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037208

FILED
Mar 11, 2007
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:

PO BOX 7007
NAPLES, FL 34101

New Mailing Address:

FEI Number: 74-3122667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

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/MANAGERS:

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 J. KENOL

MGR

03/11/2007

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