

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000037208

FILED
Sep 30, 2009
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)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

KENOL, CLAUDE J MD
3715 E. TAMIAMI TRAIL
NAPLES, FL 34112 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

09/30/2009

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: MGR (X) Change () Addition
Name: KENOL, CLAUDE J MD
Address: 3715 E. TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify 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 MD

MGR

09/30/2009

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