

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037208

**FILED**  
**Apr 14, 2010**  
**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:**

2800 DAVIS BOULEVARD  
SUITE 205  
NAPLES, FL 34104

**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  
3715 E. TAMIAMI TRAIL  
NAPLES, FL 34112 US

**Name and Address of New Registered Agent:**

KENOL, CLAUDE J MD  
2800 DAVIS BOULEVARD  
SUITE 205  
NAPLES, FL 34104 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/14/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KENOL, CLAUDE J MD  
Address: 2800 DAVIS BOULEVARD, SUITE 205  
City-St-Zip: NAPLES, FL 34104

I hereby 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

04/14/2010

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