

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037208

FILED
Feb 16, 2011
Secretary of State

Entity Name: TRAIL HEALTH CENTER, LLC

Current Principal Place of Business:

2800 DAVIS BOULEVARD
SUITE 205
NAPLES, FL 34104

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
2800 DAVIS BOULEVARD
SUITE 205
NAPLES, FL 34104 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
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

MGR

02/16/2011

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