

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAR 18 AM 10:37

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000001306**

MARCO ISLAND HEALTH PROPERTIES, LLC  
4951 TAMiami TRAIL NORTH  
SUITE 3  
NAPLES FL 34103

64-APM

1a. Principal Place of Business Address

4951 TAMiami TRAIL NORTH  
SUITE 3  
NAPLES FL 34103

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

12/16/1996

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

☐ Not Applicable

65-0740233

City & State

City & State

5. Date of Last Report

6. Certificate of Status Desired

04/03/1998

\$875 Additional Fee Required ☐

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

HENNING, CHRISTIAN F JR.  
4951 TAMiami TRAIL NORTH  
SUITE 3  
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

ROSIN, JOSEPH A

555 SKOKIE BLVD., SUITE 350 NORTHBROOK IL 60062

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-03/26/99--01003--010  
\*\*\*\*188.75 \*\*\*\*188.75

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SECRETARY, MANAGER, OR MEMBER

3/13/99 847-291-3700