

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001306

1. Entity Name

MARCO ISLAND HEALTH PROPERTIES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -7 AM 10: 02

Principal Place of Business

4951 TAMiami TRAIL NORTH
SUITE 3
NAPLES FL 34103

Mailing Address

4951 TAMiami TRAIL NORTH
SUITE 3
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0740233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name DAVID C. BOURGEOIS
Street Address (P.O. Box Number is Not Acceptable)
2375 TAMiami TRAIL NORTH
SUITE 308
City NAPLES FL Zip Code 34103

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ROSIN, JOSEPH A
STREET ADDRESS 555 SKOKIE BLVD., SUITE 350
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7000003354057-9
-08/11/00--01083--014
*****50.00 *****50.00

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone # 3700

CR2E083 (5/00)