

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016009 AB

DOCUMENT # L99000000965

1. Entity Name
NORTHPORT HEALTH SERVICES OF FLORIDA, L.L.C.

00 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
931 FAIRFAX PARK
TUSCALOOSA AL 35406

Mailing Address
931 FAIRFAX PARK
TUSCALOOSA AL 35406-2805



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

63-1319300

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS NORTHPORT HEALTH SERVICES, INC.
CITY-ST-ZIP 931 FAIRFAX PARK
TUSCALOOSA AL 35406 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003259421--9
CITY-ST-ZIP -05/19/00--01083--016
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

4/19/00
Date

205/343-7317
Daytime Phone #

CR2E083 (9/99)