

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000965

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

Principal Place of Business
931 FAIRFAX PARK
TUSCALOOSA AL 35406

Mailing Address
931 FAIRFAX PARK
TUSCALOOSA AL 35406

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 63-1219300

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

900004065169--8
-04/24/01--01109--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
NORTHPORT HEALTH SERVICES, INC.
931 FAIRFAX PARK
TUSCALOOSA AL 35406

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: Christopher R. Oliver, ASST. CONTROLLER CHRISTOPHER E. DRIVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/12/01

Date

205-391-3600

Daytime Phone #

APPROVED
AND
FILED

01 APR 16 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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