

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

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



03242005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
ESTES, J. NORMAN
931 FAIRFAX PARK
TUSCALOOSA, AL 35406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
ELMORE, DEBBIE
931 FAIRFAX PARK
TUSCALOOSA, AL 35406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
LEE, CLAUDE E
931 FAIRFAX PARK
TUSCALOOSA, AL 35406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000281887
03/31/05-80020-021 50.00

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IN THIS SPACE**

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. Davis, Asst. Controller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/23/05

Date

(205) 343-7363

Daytime Phone #