FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State DOCUMENT # M9800000665 1. Entity Name 05-08-2002 90077 013 ****50.00 SOUTH BAY/NAPLES, L.L.C. Principal Place of Business Mailing Address 3301 WESTEND AVENUE, SUITE 200 3301 WESTEND AVENUE, SUITE 200 956588 NASHVILLE TN 37203 NASHVILLE TN 37203 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 62-1742604 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARTER, JOHN Street Address (P.O. Box Number is Not Acceptable) 3105 BAY OAKS COURT **TAMPA FL 33629** City Zip Code FL 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Change ☐ Delete TITLE ☐ Addition CARTER, MARC L NAME NAME 3301 WESTEND AVENUE, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NASHVILLE TN 37203 CITY-ST-ZIP MGRM Delete TITLE ☐ Change ☐ Addition HASTON, HARRIS C NAME NAME STREET ADDRESS 3301 WESTEND AVENUE, SUITE 200 STREET ADDRESS CITY-ST-ZIP NASHVILLE TN 37203 CITY-ST-ZIP TITL F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP : CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

RECMARCEARTER Managing Member SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

4/25/02 615/279-9200

Daytime Phone #

Change

Addition

CR2E083 (9/01)