

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000013346

**Entity Name:** 4201 NEW NOLTE HEALTH SERVICES, LLC

**Current Principal Place of Business:**

52 RILEY ROAD #381  
CELEBRATION, FL 34747

**Current Mailing Address:**

1784 W NORTHFIELD BLVD  
#347  
MURFREESBORO, TN 37129 US

**FEI Number:** 27-4724993

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOHN H. RAINS III, P.A.  
501 EAST KENNEDY BLVD  
SUITE 750  
TAMPA, FL 33602 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name STRAWN, STEVE  
Address 52 RILEY ROAD #381  
City-State-Zip: CELEBRATION FL 34747

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVE STRAWN

MGR

01/09/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date