

2015 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:

P O BOX 11037
MURFREESBORO, TN 37129

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

MGRM

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date