

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000965

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

Current Principal Place of Business:

931 FAIRFAX PARK
TUSCALOOSA, AL 35406

Current Mailing Address:

931 FAIRFAX PARK
TUSCALOOSA, AL 35406

FEI Number: 63-1219300

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MGR
Name ESTES, J. NORMAN
Address 931 FAIRFAX PARK
City-State-Zip: TUSCALOOSA AL 35406

Title MGRM
Name LEE, CLAUDE E
Address 931 FAIRFAX PARK
City-State-Zip: TUSCALOOSA AL 35406

Title ACCOUNTING MANAGER
Name MCKINLEY, JENNIFER K
Address 931 FAIRFAX PARK
City-State-Zip: TUSCALOOSA AL 35406

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: JENNIFER K. MCKINLEY

ACCOUNTING MANAGER 04/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date