

2022 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 US**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	MGRM
Name	CODY LONG, PHILLIP
Address	931 FAIRFAX PARK
City-State-Zip:	TUSCALOOSA AL 35406

Title	MGR
Name	CORNELIUS, MARC
Address	931 FAIRFAX PARK
City-State-Zip:	TUSCALOOSA AL 35406

Title	MGR
Name	ESTES, J. NORMAN
Address	931 FAIRFAX PARK
City-State-Zip:	TUSCALOOSA AL 35406

Title	AMBR
Name	CORNELIUS, MARK
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: PHILLIP CODY LONG

MRG

04/13/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date