

**2016 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 PARKTUSCALOOSA, AL 35406  
TUSCALOOSA, AL 35406

**Current Mailing Address:**

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

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

Title ACCOUNTING MANAGER  
Name MCKINLEY, JENNIFER K  
Address 931 FAIRFAX PARKTUSCALOOSA, AL  
35406  
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 04/18/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date