

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90208 039 \*\*\*\*\*50.00

**DOCUMENT #** M01000000902

**1. Entity Name**

Availity, L.L.C.

**Principal Place of Business**

4800 Deerwood Campus Pkwy  
Jacksonville, FL 32246

**Mailing Address**

4800 Deerwood Campus Pkwy  
Jacksonville, FL 32246

**2. Principal Place of Business**

4905 Belfort Road

**3. Mailing Address**

50 N. Laura Street

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 2800

**City & State**

Jacksonville, FL

**City & State**

Jacksonville, FL

**4. FEI Number**

59-3715944

**Applied For**

Not Applicable

**Zip**

32256

**Country**

USA

**Zip**

32202

**Country**

USA

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

Arezou C. Jolly

4800 Deerwood Campus Parkway, Bldg. 100, 7th FL  
Jacksonville, Florida 32232-5133

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

FL

**Zip Code**

**8. 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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS/CHANGES**

**TITLE** ☐ Change ☒ Addition  
**NAME** MGR  
**STREET ADDRESS** Nickolas Stam  
**CITY-ST-ZIP** 4800 Deerwood Campus Parkway  
Jacksonville, FL 32246

**TITLE** ☐ Change ☒ Addition  
**NAME** MGR  
**STREET ADDRESS** Bruce Goodman  
**CITY-ST-ZIP** 500 W. Main Street  
Louisville, KY 40201

**TITLE** ☐ Change ☒ Addition  
**NAME** MGR  
**STREET ADDRESS** Brian LeClaire  
**CITY-ST-ZIP** 500 W. Main Street  
Louisville, KY 40201

**TITLE** ☐ Change ☒ Addition  
**NAME** MGR  
**STREET ADDRESS** Duke Livermore  
**CITY-ST-ZIP** 4800 Deerwood Campus Parkway  
Jacksonville, FL 32246

**TITLE** ☐ Change ☒ Addition  
**NAME** MGR  
**STREET ADDRESS** Don Hardeman  
**CITY-ST-ZIP** 4800 Deerwood Campus Parkway  
Jacksonville, FL 32246

**TITLE** ☐ Change ☒ Addition  
**NAME** MGR  
**STREET ADDRESS** Julie Klapstein  
**CITY-ST-ZIP** 4905 Belfort Road  
Jacksonville, FL 32256

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.**

**SIGNATURE:**

Nickolas Stam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/26/02 904-363-5487