

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002871

FILED
Feb 03, 2009
Secretary of State

Entity Name: NAVIGATOR HEALTH MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

1000 CORPORATE CENTRE DRIVE SUITE 100
FRANKLIN, TN 37067

New Principal Place of Business:

Current Mailing Address:

1000 CORPORATE CENTRE DRIVE SUITE 100
FRANKLIN, TN 37067

New Mailing Address:

FEI Number: 32-0044095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUNBAR, RICK
174 EAST CORY DRIVE
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: EATON, J. MARK
Address: 1000 CORPORATE CENTRE DRIVE SUITE 100
City-St-Zip: FRANKLIN, TN 37067

Title: DS () Delete
Name: EATON, DEBBIE
Address: 1000 CORPORATE CENTRE DRIVE SUITE 100
City-St-Zip: FRANKLIN, TN 37067

Title: V () Delete
Name: EATON, J. STEPHEN
Address: 5445 TRIANGLE PARKWAY SUITE 260
City-St-Zip: NORCROSS, GA 30092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EATON, J. MARK
Address: 1000 CORPORATE CENTRE DRIVE SUITE 100
City-St-Zip: FRANKLIN, TN 37067

Title: S (X) Change () Addition
Name: EATON, DEBBIE
Address: 1000 CORPORATE CENTRE DRIVE SUITE 100
City-St-Zip: FRANKLIN, TN 37067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. MARK EATON

P

02/03/2009

Electronic Signature of Signing Officer or Director

Date