## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 11, 2008 8:00 am Secretary of State

AIIIOAL III OIII					Secretary of State					
DOCUMENT # F9500001165  1. Entity Name SOLIANT HEALTH, INC.					03-11-2008 90019 038 ***150.00					
Principal Place of Business Mailing Address					. 8888	. <b>.</b> .				
1979 LAKESIDE PKWY ONE INDEPENDENT DR., 8TH			TH FLOOR US		\$000 c					
ATLANTA, GA 30084 US					<b>           </b>					
OWID	ace of Business - No. P.O. Box #  Mpth (4) 1	3 Mailing Address NEPTHAN	e Independent pr							
Suite, Apt.	#, etd. Y 800	Suite, Apt. #, etc.			02152008	Chg-P	CR2E034	·		
JUCKSONVILL, F		City & State OALKSON WIRE FI			4. FEI Numb 58-197			No	pplied For ot Applicable	
32202 Country W6A		32202	Country -USA			of Status Desired	Fee	3.75 Add e Require		
	6. Name and Address of Current R	Name		7. Name and	Address of New I	Registered Age	ent .			
CORPORATION SERVICE COMPANY										
1201 HAYS ST. TALLAHASSEE, FL 32301				Street Address (P.O. Box Number is Not Acceptable)						
174E7117665E2, 1 E 02001										
				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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.									-	
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DI	RECTOR	S IN /1	
TITLE	VPT	☐ Delete	TITLE					] Change	Addition	
NAME STREET ADDRESS	MONTI, PHILIP ONE INDEPENDENT DRIVE		NAME STREET ADDRESS	(n)	أماهمهامة	lent Dr. Su	The COCH		<b>′</b>	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	שווטן	machem	WINT UI. 30	my Boo		1.6	
TITLE	S	☐ Delete	TITLE					Change	Addition	
NAME	TUTOR, TYRA	l l	NAME	2 50	(ndimen	dent pr. s	auto ano		/1	
STREET ADDRESS CITY-ST-ZIP	ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202		STREET ADDRESS CITY-ST-ZIP	U Tre	Thurpen	will his	mine sou		. /	
TITLE	CEOD	☐ Delete	TITLE					Change	Addition	
- NAME	-PAYNE,-TIMOTHY-D		NAME STREET ADDRESS	201	(in dama)	ndent or	Cuita (n	v1 -		
STREET ADDRESS CITY-ST-ZIP	ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202		CITY-ST-ZIP	Olle	throch to	TOPORTI DI				
TITLE	VTAT	☐ Delete	TITLE					] Change	Addition	
NAME Street Address	ROBINSON, GERALD ONE INDEPENDENT DRIVE		NAME STREET ADDRESS	One	anahal	indent Dr	- Sinte 8	00	,	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	One	morepe	VPWCVI DI			./	
TITLE	D SPONSIA BODERT	☐ Delete	TITLE					] Change	Addition	
NAME STREET ADDRESS	CROUCH, ROBERT ONE INDEPENDENT DRIVE		NAME STREET ADDRESS	V No	Indonas	ndent pr.	Swite &	() (I	′′ ]	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	010	יט קטיטייי	MANHE A.,	- www O			
TITLE	D CRECORY D	☐ Delete	TITLE					] Change	Addition	
NAME STREET ADDRESS	HOLLAND, GREGORY D ONE INDEPENDENT DRIVE	1	NAME STREET ADDRESS	Mna	Indam	ndent Dr.	Suita &	Z)cl	/'	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	UIK	mwypu	irwvirt D'	J	<b>U</b>		
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information										

indicated on this report or supplied with this liting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Turther 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-04

904-360-270