## FILED May 19, 2003 8:00 am Secretary of State

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04-25-2003 90756 024 \*\*\*\*50.00

	ILOKM DOSINE				_			
1. Entity Name	IENT # L020000	22195						
PATIENT HE	EALTH SOLUTIONS, L.L.C.	41						
Principal Place o	of Business	Mailing Address	L		<u>.</u> [.			
I ISLAND DRIVE .AKE MARY FL 32746		5 ISLAND DRIVE LAKE MARY FL 32746		44001906				
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2. Principal Place of Business		3. Mailing Address						
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Num	ber 04 22 74	6	Applied For Not Applicable	
Zip	Country	Zip	Countr	rÿ	5. Certifica	te of Status Desired	□ \$5.00 / Fee Requ	Additional ired
	6. Name and Address of Current I	Registered Agent	··· [	Name	7. Name ar	nd Address of New F	legistered Agent	
JOHNSON, SCOTT E ESQ. 111 N. ORANGE AVENUE, SUITE 1200 ORLANDO FL 32801			<u> </u>					
				Street Address (	P.O. Box Numi	ber is Not Acceptable	9)	<del></del>
UNLAN	IDO 1'E 32001	•	. ]					
	<i>,</i>		ſ	City			FL Zip C	ode
	amed entity submits this statement for is of registered agent.	the purpose of changing its	registered	d office or register	ed agent, or b	oth, in the State of Fk	orida. I am familiar wit	h, and accept
RIGNATURE				<del> </del>		<del>, , , , , , , , , , , , , , , , , , , </del>		
2/9	prature, typed or printed name of registered agent a			Agent signature required	when reinstating)	·····	CATE	
		Make Check Payable		EE IS \$50.00 rida Departmei	nt of State			
		· -		y 1, 2003	٠.			
θ	MANAGING MEMBER	<del></del>	10.			ADDITIONS	CHANGES	
	MGR MANAGING DIR	ECTO/C   Delete	TITLE NAME	ł		:	Change	a 🔲 Addition
	tarris, david <del>Fisland drive</del> 1604 Tel	Two Daile		T ADDRESS		!		
	AKE MARY FL 32746 Louge	1000 FL 32559	CITY S	ST-20P				
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NAME !				1		•	☐ Change	•
TREET ADDRESS			NAME	T ADDRESS			Clanda	•
	495 FAWN Hill LAKE FOREIT FL	52771	NAME	T ADDRESS		:		
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2003 LIMITED LIABILITY COMPANY