

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024094

FILED
Apr 21, 2009
Secretary of State

Entity Name: RSSY HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY
SUITE 1502
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6789 SOUTHPOINT PARKWAY
SUITE 200
JACKSONVILLE, FL 322168205

New Mailing Address:

FEI Number: 42-1550422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, T. GEOFFREY ESQ
ONE INDEPENDENT DRIVE STE. 2200
JACKSONVILLE, FL 32202 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SNYDER (BURCH), LORRIE
Address: 6789 SOUTHPOINT PARKWAY SUITE 200
City-St-Zip: JACKSONVILLE, FL 322168205

Title: MGR () Delete
Name: RALSTON, NANCY
Address: 6789 SOUTHPOINT PARKWAY SUITE 200
City-St-Zip: JACKSONVILLE, FL 322168205

Title: MGR () Delete
Name: SPRIGGS III, JAMES
Address: 6817 SOUTHPOINT PARKWAY SUITE 1401
City-St-Zip: JACKSONVILLE, FL 322168205

ADDITIONS/CHANGES:

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

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

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 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 608, Florida Statutes.

SIGNATURE: LORRIE H. SNYDER

MGR

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date