

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026853

FILED
May 01, 2004
Secretary of State

Entity Name: HEALTH TECHNOLOGY SERVICES, L.L.C.

Current Principal Place of Business:

PMB 163 400 CAPITAL CIR
STE 18
TALLAHASSEE, FL 323013839

New Principal Place of Business:

Current Mailing Address:

PMB 163 400 CAPITAL CIR
STE 18
TALLAHASSEE, FL 323013839

New Mailing Address:

FEI Number: 38-3662579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIS, PAULA A
9186 MCDUGAL COURT
TALLAHASSEE, FL 32312 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/MEMBERS:

Title: MGRM () Delete
Name: LOCKE, DRUSSELL
Address: PMB 163 400 CAPITAL CIR SE STE 18
City-St-Zip: TALLAHASSEE, FL 323013839

Title: MGRM () Delete
Name: KLIMBERG, IRA W
Address: PM B 163 400 CAPITAL CIR SE STE 18
City-St-Zip: TALLAHASSEE, FL 323013839

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: D. RUSSELL LOCKE

MGRM

05/01/2004

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