

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90036 050 ***138.75

DOCUMENT # L02000026853

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



Principal Place of Business
PMB 163 400 CAPITAL CIR
STE 18
TALLAHASSEE, FL 32301-3839

Mailing Address
PMB 163 400 CAPITAL CIR
STE 18
TALLAHASSEE, FL 32301-3839

60037575



04172008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
2500 SW 17th Rd.
Suite, Apt. #, etc. Bldg 100

3. Mailing Address
2500 SW 17th Rd.
Suite, Apt. #, etc. Bldg 100

City & State
Ocala, FL
Zip 34471
Country Marion

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Ocala, FL
Zip 34471
Country Marion

4. FEI Number
38-3662579
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOCKE, D. RUSSELL
3201 SW 34TH STREET
OCALA, FL 34474-7439

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKE, DRUSSELL		NAME	D Russell Locke, M.D.	
STREET ADDRESS	PMB 163 400 CAPITAL CIR SE STE 18		STREET ADDRESS	3201 SW 34th Street	
CITY-ST-ZIP	TALLAHASSEE, FL 323013839		CITY-ST-ZIP	Ocala, FL 34474	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLIMBERG, IRA W		NAME	Ira W Klimberg, M.D.	
STREET ADDRESS	PM B 163 400 CAPITAL CIR SE STE 18		STREET ADDRESS	3201 SW 34th Street	
CITY-ST-ZIP	TALLAHASSEE, FL 323013839		CITY-ST-ZIP	Ocala, FL 34474	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby 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 is true and accurate and that my 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date _____ Daytime Phone # _____