2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# L02000026853

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

Current Principal Place of Business:

2500 SW 17TH RD.
BLDG 100
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2500 SW 17TH RD.
BLDG 100
OCALA, FL 34471

New Mailing Address:

FEI Number: 38-3662579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOCKE, D. RUSSELL
3201 SW 34TH STREET
OCALA, FL 344747439 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:	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 M.D.	
Address:	3201 SW 34TH STREET	
City-St-Zip:	OCALA, FL 34474	
Title:	MGRM	(X) Delete
Name:	LOCKE, RUSSELL D M.D.	
Address:	3201 SW 34TH STREET	
City-St-Zip:	OCALA, FL 34474	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	LOCKE, DRUSSELL	
Address:	3201 S W 34TH STREET	
City-St-Zip:	OCALA, FL 34474	
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: D RUSSELL LOCKE, MD MGRM 03/03/2009

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