

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000035187

Entity Name: IMPACTHEALTH, L.L.C.

FILED  
Oct 19, 2006  
Secretary of State

## Current Principal Place of Business:

2418 E. PLAZA DRIVE  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

1965 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

## Current Mailing Address:

2418 E. PLAZA DRIVE  
TALLAHASSEE, FL 32308

## New Mailing Address:

1965 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

FEI Number: 57-1146060      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

DAWS, SONYA K  
3116 CAPITAL CIRCLE NE, STE 5  
TALLAHASSEE, FL      US

## Name and Address of New Registered Agent:

DAWS, SONYA K  
2816 CENTENNIAL PLACE  
TALLAHASSEE, FL 32308      US

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: SONYA K. DAWS

10/19/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: EMENIKE, UCHENNA J MD  
Address: 2418 E. PLAZA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR      ( ) Delete  
Name: EMENIKE, MIGNON L MD  
Address: 2418 E. PLAZA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: EMENIKE, UCHENNA J MD  
Address: 1965 CAPITAL CIRCLE NE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR      (X) Change ( ) Addition  
Name: EMENIKE, MIGNON L MD  
Address: 1965 CAPITAL CIRCLE NE  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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: UCHENNA EMENIKE

MGR

10/19/2006

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