

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000035187

Entity Name: IMPACTHEALTH, L.L.C.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

1965 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1965 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 57-1146060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JAMES, C. SHARON
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: C. SHARON JAMES

01/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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 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: C. SHARON JAMES

RA

01/08/2007

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