

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000035187

Entity Name: IMPACTHEALTH, L.L.C.

**FILED**  
**Feb 04, 2009**  
**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:**

JAMES, C. SHARON  
2816 CENTENNIAL PLACE  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

DAWS, SONYA K  
2878 REMINGTON GREEN CIRCLE  
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

02/04/2009

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 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 J. EMENIKE MD

MGR

02/04/2009

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