

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000035187

FILED
Feb 11, 2003
Secretary of State

Entity Name: IMPACTHEALTH, L.L.C.

Current Principal Place of Business:

6753 THOMASVILLE ROAD, STE 108
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

6753 THOMASVILLE ROAD, STE 108
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 57-1146060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: EMENIKE, UCHENNA J MD
Address: 65 CORBIN ROAD
City-St-Zip: HAMDEN, CT 06517 US

Title: MGR () Change (X) Addition
Name: EMENIKE, MIGNON L MD
Address: 65 CORBIN ROAD
City-St-Zip: HAMDEN, CT 06517 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

02/11/2003

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