2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# L03000002754

Entity Name: CONEXUS HEALTH, L.L.C.

Current Principal Place of Business:

6285 E. FOWLER AVENUE
TAMPA, FL 336173304

New Principal Place of Business:

6285 E. FOWLER AVENUE
TAMPA, FL 336173304 US

Current Mailing Address:

6285 E. FOWLER AVENUE
TAMPA, FL 336173304

New Mailing Address:

6285 E. FOWLER AVENUE
TAMPA, FL 336173304 US

FEI Number: 05-0548117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUFFINGTON, DANIEL E DR.
6285 E. FOWLER AVENUE
TAMPA, FL 336173304 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: MGR ( ) Delete
Name: BUFFINGTON, DANIEL E DR.
Address: 6285 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL 336173304

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BUFFINGTON, DANIEL E DR.
Address: 6285 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL 336173304 US

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: DANIEL E. BUFFINGTON MGR 03/14/2007

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