

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035740

FILED
Apr 30, 2004
Secretary of State

Entity Name: CONNEXTIONS HEALTH, LLC

Current Principal Place of Business:

3600 ECOMMERCE PLACE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

3600 ECOMMERCE PLACE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEUKAMM, MICHAEL E
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801 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:

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: LEFORT, ROBERT J JR.
Address: 3600 ECOMMERCE PLACE
City-St-Zip: ORLANDO, FL 32808

Title: MGR () Change (X) Addition
Name: HOHNS, WILLIAM A
Address: 3600 ECOMMERCE PLACE
City-St-Zip: ORLANDO, FL 32808

Title: MGR () Change (X) Addition
Name: KASABOV, PETER
Address: 3600 ECOMMERCE PLACE
City-St-Zip: ORLANDO, FL 32808

Title: MGR () Change (X) Addition
Name: PANEPINTO, ROBERT
Address: 3600 ECOMMERCE PLACE
City-St-Zip: ORLANDO, FL 32808

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: ROBERT J. LEFORT, JR.

MGRM

04/30/2004

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