

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000051935

FILED
Dec 08, 2005
Secretary of State

Entity Name: HEALTH ONE TECHNOLOGY, L.L.C.

Current Principal Place of Business:

709 ANCHORS STREET
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

709 ANCHORS STREET
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 20-0480409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TGC MANAGEMENT, L.L.C.
809 BEVERLY PARKWAY
PENSACOLA, FL 32505 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: MGRM () Delete
Name: TGC MANAGEMENT, L.L., C.
Address: 809 BEVERLY PARKWAY
City-St-Zip: PENSACOLA, FL 32505

Title: MGRM () Delete
Name: BIGGS, KEITH H
Address: 54 CALLE MARBELLA
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: MGRM () Delete
Name: ARNETT, JEFF
Address: 900 FORT PICKENS ROAD #913
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BIGGS 2005 FAMILY TR, UST
Address: 54 CALLE MARBELLA
City-St-Zip: PENSACOLA BEACH, FL 32561

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 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: CHRISTOPHER T. GRAHAM, AUTHORIZED PERSON

ATTY

12/08/2005

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