

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051935

FILED  
Apr 30, 2008  
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:

15 W MAIN STREET  
PENSACOLA, FL 32502

## Current Mailing Address:

709 ANCHORS STREET  
FORT WALTON BEACH, FL 32548

## New Mailing Address:

15 W MAIN STREET  
PENSACOLA, FL 32502

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:

HEALTH ONE MANAGEMENT, LLC  
15 W MAIN STREET  
PENSACOLA, FL 32502 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: JEFFREY D. ARNETT

04/30/2008

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 2005 FAMILY TR, UST  
Address: 54 CALLE MARBELLA  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: MGRM (X) Delete  
Name: ARNETT, JEFF  
Address: 517 SANTOS STREET  
City-St-Zip: PENSACOLA, FL 32502

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HEALTH ONE MANAGEMEN, T, LLC  
Address: 15 W. MAIN STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM (X) Change ( ) Addition  
Name: JA CONSULTING & INVE, STMENTS LLC  
Address: 517 SANTOS STREET  
City-St-Zip: PENSACOLA, FL 32502

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: JEFFREY D ARNETT

MR

04/30/2008

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