2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L04000046825

Entity Name: HALIFAX HEALTH SERVICES, LLC

Current Principal Place of Business:

701 BRICKELL AVENUE
SUITE 2500
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVENUE
SUITE 2500
MIAMI, FL 33131

New Mailing Address:

1801 SOUTH NOVA ROAD
SUITE 110
SOUTH DAYTONA, FL 32119

FEI Number: 41-2189656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIEBER, OREN ESQ.
555 NE 15TH STREET
SUITE 100
MIAMI, FL 33132 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: BURSTEIN, JACK
Address: 701 BRICKELL AVENUE, SUITE 2500
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete
Name: BURSTEIN, JASON
Address: 701 BRICKELL AVENUE, SUITE 2500
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

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

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: JASON BURSTEIN MGRM 04/21/2009

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