


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90177 029 \*\*\*\*50.00

<b>DOCUMENT # L04000058700</b>	
1. Entity Name <b>ACCENTHEALTH LLC</b>	

Principal Place of Business <b>2022 HENDRICKS AVENUE JACKSONVILLE FL 32207</b>	Mailing Address <b>2022 HENDRICKS AVENUE JACKSONVILLE FL 32207</b>
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2. Principal Place of Business <b>5440 Beaumont Center Blvd Suite 400 Tampa, FL 33634</b>	3. Mailing Address <b>5440 Beaumont Center Blvd. Suite 400 Tampa, FL 33634</b>
City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>
Country <b>USA</b>	Country <b>USA</b>



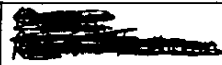
1st MOORE CR2E083 (10/04)

4. FEI Number <b>20-1631550</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SMITH HULSEY &amp; BUSEY 225 WATER STREET, STE. 1800 JACKSONVILLE FL 32202</b>	
7. Name and Address of New Registered Agent Name <b>Richard Ruth</b> Street Address (P.O. Box Number is Not Acceptable) <b>5440 Beaumont Center Blvd. Suite 400</b> City <b>Tampa</b> FL Zip Code <b>33634</b>	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Richard Ruth, Richard Ruth, Manager DATE 2/8/05  
Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when reinstalling)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM Raymond K. Mason 2022 Hendricks Avenue Jacksonville, FL 32207</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR Richard Ruth 5440 Beaumont Center Blvd, Suite 400 Tampa, FL 33634</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR John Theobald 747 Third Avenue, 14th Floor NY, NY 10017</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR Jonathan Larson 50 Battery Street, Suite 501 Boston, MA 02109</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Richard Ruth, Richard Ruth, Manager DATE 2/8/05 Daytime Phone # 813-349-7100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE