

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053929

Entity Name: HEALTH IMPACT, LLC

FILED  
Mar 26, 2006  
Secretary of State

**Current Principal Place of Business:**

723 ALHAMBRA DRIVE NORTH  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

723 ALHAMBRA DRIVE NORTH  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 20-2995578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INTREPID REGISTERED AGENT SERVICES, LLC  
ONE INDEPENDENT DRIVE, SUITE 1200  
JACKSONVILLE, FL 32202 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: SHELTON, MARY L  
Address: 723 ALHAMBRA DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32207

Title: CFO ( ) Change (X) Addition  
Name: SHELTON, JAMIE C  
Address: 723 ALHAMBRA DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMIE C. SHELTON

CFO

03/26/2006

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