2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# L05000073150

Entity Name: ARISTON HEALTH MANAGEMENT, LLC

Current Principal Place of Business:

3030 HARTLEY ROAD, SUITE 2900
JACKSONVILLE, FL 32257

New Principal Place of Business:

3030 HARTLEY ROAD, SUITE 290
JACKSONVILLE, FL 32257

Current Mailing Address:

3030 HARTLEY ROAD, SUITE 2900
JACKSONVILLE, FL 32257

New Mailing Address:

3030 HARTLEY ROAD, SUITE 290
JACKSONVILLE, FL 32257

FEI Number: 51-0551045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOTOLAW, INC.
50 NORTH LAURA STREET, SUITE 2500
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: MGRM ( ) Change (X) Addition
Name: SPECIALTY DISEASE MA, NAGEMENT SERVI C ES, INC
Address: 3030 HARTLEY ROAD, SUITE 290
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM ( ) Change (X) Addition
Name: AXIUM HEALTHCARE PHA, RMACY, INC.
Address: 550 TECHNOLOGY PARK
City-St-Zip: LAKE MARY, FL 32746

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: CHARLES W. SMITHERS, JR. MGR 04/24/2006

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