

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073150

FILED
Apr 18, 2007
Secretary of State

Entity Name: ARISTON HEALTH MANAGEMENT, LLC

Current Principal Place of Business:

3030 HARTLEY ROAD, SUITE 290
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

3030 HARTLEY ROAD, SUITE 290
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 51-0551045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

GOLDSTEIN, FREDERIC S
3030 HARTLEY ROAD
SUITE 290
JACKSONVILLE, FL 32257 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: FREDERIC S. GOLDSTEIN

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPECIALTY DISEASE MA, NAGEMENT SERVI C ES, INC
Address: 3030 HARTLEY ROAD, SUITE 290
City-St-Zip: JACKSONVILLE, FL 32257

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

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 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.

MGRM

04/18/2007

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