2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# L06000023074

Entity Name: NETCONNECT HEALTHCARE SYSTEMS, LLC

Current Principal Place of Business:

1233 SNELL ISLE BLVD. NE
ST. PETERSBURG, FL 33704

New Principal Place of Business:

211 20TH AVE N
ST. PETERSBURG, FL 33704

Current Mailing Address:

1233 SNELL ISLE BLVD. NE
ST. PETERSBURG, FL 33704

New Mailing Address:

211 20TH AVE N
ST. PETERSBURG, FL 33704

FEI Number: 20-4571256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENNER, CHERYL A
1233 SNELL ISLE BLVD. NE
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

JENNER, CHERYL A
211 20TH AVE N
ST. PETERSBURG, FL 33704 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: CHERYL A. JENNER 01/26/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR ( ) Delete
Name: JENNER, CHERYL A VP
Address: 1233 SNELL ISLE BLVD NE
City-St-Zip: SAINT PETERSBURG, FL 33704

ADDITIONS/CHANGES:

Title: MGMR (X) Change ( ) Addition
Name: JENNER, CHERYL A VP
Address: 211 20TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33704

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: CHERYL A JENNER VP 01/26/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date