2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2008
Secretary of State

DOCUMENT# L07000114134

Entity Name: NUANCE HEALTH, LLC

Current Principal Place of Business:

104 KINGFISHER DR.
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

104 KINGFISHER DR.
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NEW, KENT
104 KINGFISHER DR.
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

NEW, KENT C
104 KINGFISHER DR.
PONTE VEDRA BEACH, FL 32082 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: KENT C. NEW 09/01/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NEW, KENT
Address: 104 KINGFISHER DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Delete
Name: SAWYER NEW, JENNIFER
Address: 104 KINGFISHER DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NEW, KENT C
Address: 104 KINGFISHER DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KENT C. NEW DR. 09/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date