

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 09, 2010  
Secretary of State**

DOCUMENT# L08000000406

Entity Name: GRAYDAR HEALTH LLC

**Current Principal Place of Business:**

1716 WILD DUNES CIRCLE  
ORANGE PARK, FL 32065 US

**New Principal Place of Business:**

**Current Mailing Address:**

1716 WILD DUNES CIRCLE  
ORANGE PARK, FL 32065 US

**New Mailing Address:**

FEI Number: 26-1662414      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MARSHALL, GRAYSON B  
1716 WILD DUNES CIRCLE  
ORANGE PARK, FL 32065 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: MGRM  
Name: MARSHALL, GRAYSON B  
Address: 1716 WILD DUNES CIRCLE  
City-St-Zip: ORANGE PARK, FL 32065 US

I hereby 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: GRAYSON B. MARSHALL      PRES      04/09/2010

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