2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043024

Entity Name: NORMANHEALTHCARE, LLC

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1970 LAKESHORE DRIVE NORTH
ORANGE PARK, FL 32003

1970 LAKESHORE DRIVE NORTH
FLEMING ISLAND, FL 32003

Current Mailing Address: New Mailing Address:

1970 LAKESHORE DRIVE NORTH
ORANGE PARK, FL 32003

1970 LAKESHORE DRIVE NORTH
FLEMING ISLAND, FL 32003

FEI Number: 26-2545064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NORMAN, MICHAEL L
1970 LAKESHORE DRIVE NORTH
ORANGE PARK, FL 32003 US
NORMAN, MICHAEL L
1970 LAKESHORE DRIVE NORTH
FLEMING ISLAND, FL 32003 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: 01/14/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: NORMAN, MICHAEL L Name: NORMAN, MICHAEL L Address: 1970 LAKESHORE DRIVE NORTH Address: 1970 LAKESHORE DRIVE NORTH

Address: 1970 LAKESHORE DRIVE NORTH Address: 1970 LAKESHORE DRIVE NORTH City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: NORMAN, KATHERINE A Name: NORMAN, KATHERINE A

Address: 1970 LAKESHORE DRIVE NORTH Address: 1970 LAKESHORE DRIVE NORTH
City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: FLEMING ISLAND, FL 32003

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: MICHAEL L. NORMAN MGRM 01/14/2009