2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# M00000000620

Entity Name: PREVALENCE HEALTH, LLC

Current Principal Place of Business:

2501 DAVIE BOULEVARD
DAVIE, FL 33317

New Principal Place of Business:

2510 DAVIE BOULEVARD
DAVIE, FL 33317

Current Mailing Address:

PO BOX 12648
JACKSON, MS 39236

New Mailing Address:

FEI Number: 36-4174656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 ( ) Delete
Name: ANTHONY, MICHAEL L
Address: PO BOX 12648
City-St-Zip: JACKSON, MS 39236

Title: MGR ( ) Delete
Name: EDEKER, KWANG
Address: PO BOX 12648
City-St-Zip: JACKSON, MS 39236

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 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 ANTHONY MGRM 03/13/2009

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