

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002793

Entity Name: NOVITAS HEALTH, LLC

FILED  
Apr 23, 2004  
Secretary of State

## Current Principal Place of Business:

4800 DEERWOOD CAMPUS PARKWAY  
#100-7  
JACKSONVILLE, FL 322468273

## New Principal Place of Business:

## Current Mailing Address:

4800 DEERWOOD CAMPUS PARKWAY  
#100-7  
JACKSONVILLE, FL 322468273

## New Mailing Address:

ATTN: ADAM J. BUSS, 50 N. LAURA STREET  
SUITE 2600  
JACKSONVILLE, FL 32202

FEI Number: 45-0516602

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOLLY, ARI ESQ.  
4800 DEERWOOD CAMPUS PARKWAY  
#100-7  
JACKSONVILLE, FL 322468273

## 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/MEMBERS:

Title: MGR ( ) Delete  
Name: ALLEN, SHARON  
Address: 320 W. CAPITAL  
City-St-Zip: LITTLE ROCK, AZ 72201

Title: MGR ( ) Delete  
Name: WHITE, MARK  
Address: 320 W. CAPITAL  
City-St-Zip: LITTLE ROCK, AZ 72201

Title: MGR ( ) Delete  
Name: GRANTHAM, JOE  
Address: 4800 DEERWOOD CAMPUS PARKWAY  
City-St-Zip: JACKSONVILLE, FL 322468273

Title: MGR ( ) Delete  
Name: STAM, NICK  
Address: 4800 DEERWOOD CAMPUS PARKWAY  
City-St-Zip: JACKSONVILLE, FL 322468273

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ALLEN, SHARON  
Address: 320 W. CAPITAL  
City-St-Zip: LITTLE ROCK, AR 72201

Title: MGR (X) Change ( ) Addition  
Name: WHITE, MARK  
Address: 320 W. CAPITAL  
City-St-Zip: LITTLE ROCK, AR 72201

Title: MGR (X) Change ( ) Addition  
Name: GRANTHAM, L. JOSEPH  
Address: 4800 DEERWOOD CAMPUS PARKWAY  
City-St-Zip: JACKSONVILLE, FL 322468273

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: L. JOSEPH GRANTHAM

MGR

04/23/2004

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