

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# M03000002793

Entity Name: NOVITAS HEALTH, LLC

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