


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000002793

1. Entity Name
 NOVITAS HEALTH, LLC



Principal Place of Business 4800 DEERWOOD CAMPUS PARKWAY #100-7 JACKSONVILLE, FL 32246-8273	Mailing Address ATTN: ADAM J. BUSS, 50 N. LAURA STREET SUITE 2600 JACKSONVILLE, FL 32202
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03142005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0516602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOLLY, ARI ESQ.
 4800 DEERWOOD CAMPUS PARKWAY
 #100-7
 JACKSONVILLE, FL 32246-8273

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, SHARON 320 W. CAPITAL LITTLE ROCK, AR 72201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, MARK 320 W. CAPITAL LITTLE ROCK, AR 72201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANTHAM, L. JOSEPH 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 322468273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAM, NICK 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 322468273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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M0300000294583
 04/08/05-80078-002 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Grant* **4-2-05 904-905-8424**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day:me Phone #