


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90029 048 \*\*\*\*50.00

<b>DOCUMENT # M03000002793</b>	
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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2. Principal Place of Business 4800 Deerwood Campus Pkwy	3. Mailing Address 50 N. Laura Street
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Suite, Apt. #, etc. #100-7	Suite, Apt. #, etc. Suite 2600
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City & State Jacksonville, FL	City & State Jacksonville, FL
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Zip 32246	Country USA	Zip 32202	Country USA
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02022006 Chg-LLC CR2E083 (11/05)

4. FEI Number 45-0516602	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  JOLLY, ARI ESQ. 4800 DEERWOOD CAMPUS PARKWAY #100-7 JACKSONVILLE, FL 32246-8273	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, SHARON 320 W. CAPITAL LITTLE ROCK, AR 72201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Renee Finley 4800 Deerwood Campus Pkwy. Jacksonville, FL 32246-8273 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, MARK 320 W. CAPITAL LITTLE ROCK, AR 72201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Steve Short 320 W. Capital Little Rock, AR 72201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANTHAM, L. JOSEPH 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 322468273 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAM, NICK 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 322468273 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Kim Read 4800 Deerwood Campus Pkwy. Jacksonville, FL 32246-8273 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Chet Roberts 320 W. Capital Little Rock, AR 72201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Ari Jolly 4800 Deerwood Campus Pkwy. Jacksonville, FL 32246-8273 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Date: 4/24/06	Daytime Phone #: 904-905-5424
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