


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90028 027 ****50.00

DOCUMENT # M03000002793			
1. Entity Name NOVITAS HEALTH, LLC			
Principal Place of Business 4800 DEERWOOD CAMPUS PARKWAY #100-7 JACKSONVILLE, FL 32246-8273		Mailing Address SUNLABRA ST STE 2600 JACKSONVILLE, FL 32202	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4800 Deerwood Campus Pkwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Building 100, 7th Floor	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
32246		32246	
4. FEI Number 45-0516602		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04102007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOLLY, ARI ESQ. 4800 DEERWOOD CAMPUS PARKWAY #100-7 JACKSONVILLE, FL 32246-8273		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINLEY, RENEE 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 322468273 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHORT, STEVE 320 W CAPITAL LITTLE ROCK, AR 72201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT READ, KIM 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 322468273 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <i>L. Joseph Grantham</i>		Date: 4/12/07 (904) 905-8424	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

ATTACHMENT

2008474
#M03000002793

2006 FOR PROFIT CORPORATION ANNUAL REPORT
DOCUMENT # P01000090533
INCEPURE, INC.
(CONTINUATION SHEET)

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTS, CHET 320 W. CAPITAL LITTLE ROCK, AR 72201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOLLY, AREZOU C 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, SHARON 8381 DIX ELLIS TRAIL JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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