


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90040 016 ***138.75

DOCUMENT # M03000002793	
1. Entity Name NOVITAS HEALTH, LLC	

Principal Place of Business 4800 DEERWOOD CAMPUS PARKWAY #100-7 JACKSONVILLE, FL 32246-8273	Mailing Address 4800 DEERWOOD CAMPUS PARKWAY #100-7 JACKSONVILLE, FL 32246-8273
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60029911



04222008 Chg-LLC CR2E083 (12/06)

4. FEI Number 45-0516602	Applied For <input type="checkbox"/> 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GRANTHAM, JOSEPH L 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 322468273	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Hardeman, Donald 4800 Deerwood Campus Pkwy. Jacksonville, FL 32246	<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		<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 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 STAM, NICK 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 322468273	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stamatogiannakis, Nick 4800 Deerwood Campus Pkwy. Jacksonville, FL 32246	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Arezou C. Jolly

4-22-08

Date

904-905-6024

Daytime Phone #

ATTACHMENT
60029911

2008 Limited Liability Company Annual Report
Document #M03000002793
NOVITAS HEALTH, LLC
CONTINUATION SHEET

D
ALLEN, SHARON
8381 DIX ELLIS TRAIL
JACKSONVILLE, FL 32256

S
ROBERTS, CHET
320 W. CAPITAL
LITTLE ROCK, AR 72201

AS
JOLLY, AREZOU
4800 DEERWOOD CAMPUS PKWY.
JACKSONVILLE, FL 32246

EKH, JEANNETTE
4800 DEERWOOD CAMPUS PKWY.
JACKSONVILLE, FL 32246