


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.

04222008 Chg-LLC CR2E083 (12/06)

City & State	City & State
Zip	Country

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

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)

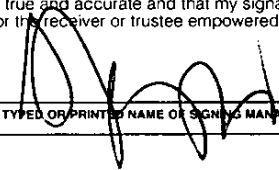
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GRANTHAM, JOSEPH L <input checked="" type="checkbox"/> Delete 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 322468273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, MARK <input type="checkbox"/> Delete 320 W. CAPITAL LITTLE ROCK, AR 72201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANTHAM, L. JOSEPH <input checked="" type="checkbox"/> Delete 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 322468273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAM, NICK <input checked="" type="checkbox"/> Delete 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 322468273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHORT, STEVE <input type="checkbox"/> Delete 320 W CAPITAL LITTLE ROCK, AR 72201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT READ, KIM <input type="checkbox"/> Delete 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 322468273

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Hardeman, Donald <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4800 Deerwood Campus Pkwy. Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stamatogiannakis, Nick <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4800 Deerwood Campus Pkwy. Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **Arezou C. Jolly** **4-22-08** **904-905-6024**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 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