

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002793

Entity Name: NOVITAS HEALTH, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

4800 DEERWOOD CAMPUS PARKWAY
#100-7
JACKSONVILLE, FL 322468273

New Principal Place of Business:

Current Mailing Address:

4800 DEERWOOD CAMPUS PARKWAY
#100-7
JACKSONVILLE, FL 322468273

New Mailing Address:

FEI Number: 45-0516602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOLLY, ARI ESQ.
4800 DEERWOOD CAMPUS PARKWAY
#100-7
JACKSONVILLE, FL 322468273 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: HARDMAN, DONALD
Address: 4800 DEERWOOD CAMPUS PKWY
City-St-Zip: JACKSONVILLE, FL 322468273

Title: MGR () Delete
Name: WHITE, MARK
Address: 320 W. CAPITAL
City-St-Zip: LITTLE ROCK, AR 72201

Title: MGR () Delete
Name: STAMATOIANNAKIS, NICK
Address: 4800 DEERWOOD CAMPUS PARKWAY
City-St-Zip: JACKSONVILLE, FL 322468273

Title: T () Delete
Name: SHORT, STEVE
Address: 320 W CAPITAL
City-St-Zip: LITTLE ROCK, AR 72201

Title: AT () Delete
Name: READ, KIM
Address: 4800 DEERWOOD CAMPUS PKWY
City-St-Zip: JACKSONVILLE, FL 322468273

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRD (X) Change () Addition
Name: HARDEMAN, DONALD M
Address: 4800 DEERWOOD CAMPUS PKWY
City-St-Zip: JACKSONVILLE, FL 322468273

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: READ, KIM
Address: 4800 DEERWOOD CAMPUS PARKWAY
City-St-Zip: JACKSONVILLE, FL 322468273

Title: S (X) Change () Addition
Name: ROBERTS, CHET
Address: 320 W. CAPITOL AVE, SUITE 211
City-St-Zip: LITTLE ROCK, AK 72201

Title: MGR (X) Change () Addition
Name: EKH, JEANNETTE
Address: 4800 DEERWOOD CAMPUS PKWY
City-St-Zip: JACKSONVILLE, FL 322468273

Title: AS () Change (X) Addition
Name: JOLLY, AREZOU C
Address: 4800 DEERWOOD CAMPUS PKWY, 100-7
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

AS

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date