2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# M04000001200

Entity Name: VIZIA HEALTHCARE DESIGN GROUP, LLC

Current Principal Place of Business:

1000 FIANNA WAY
FORT SMITH, AR 72919

New Principal Place of Business:

Current Mailing Address:

1000 FIANNA WAY
FORT SMITH, AR 72919

New Mailing Address:

FEI Number: 20-0337901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD ( ) Delete
Name: GROBMYER, JOHN R
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919

Title: SVP ( ) Delete
Name: ROBERTS, KEVIN
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919

Title: S ( ) Delete
Name: RASMUSSEN-JONES, HOLLY A
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919

Title: VP ( ) Delete
Name: JENKINS, CECILY
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919

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

ADDITIONS/CHANGES:

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

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

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

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

Title: T ( ) Change (X) Addition
Name: TRUITT, ANN
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919

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: HOLLY A. RASMUSSEN-JONES S 02/19/2009

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