

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001200

FILED
Apr 30, 2010
Secretary of State

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
Name: ZOESCH, JAMES P
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919

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

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

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

Title: T
Name: TRUITT, ANN
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919

I hereby 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

04/30/2010

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