

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001863

Entity Name: VESTED HEALTH LLC

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

816 QUARRIER STREET
SUITE 300
CHARLESTON, WV 25301

New Principal Place of Business:

Current Mailing Address:

816 QUARRIER STREET
SUITE 300
CHARLESTON, WV 25301

New Mailing Address:

FEI Number: 55-0783462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: BAKER, MICHAEL
Address: 816 QUARRIER STREET, SUITE 300
City-St-Zip: CHARLESTON, WV 25301

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOND, PATRICK
Address: 816 QUARRIER STREET, SUITE 300
City-St-Zip: CHARLESTON, WV 25301

Title: MEMB () Change (X) Addition
Name: PARKINSON, TOM
Address: ADENA VENTURES
City-St-Zip: CHICAGO, IL 60606

Title: MEMB () Change (X) Addition
Name: CUSTER, WILLIAM
Address: CAPVEST VENTURE FUND
City-St-Zip: NEW ALBANY, OH 43054

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: PATRICK BOND

MGR

04/21/2008

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