

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000036

FILED  
Jul 09, 2007  
Secretary of State

Entity Name: AVEGA HEALTH SYSTEMS, LLC

## Current Principal Place of Business:

100 NORTH POINT CENTER EAST, SUITE 200  
ALPHARETTA, GA 30022

## New Principal Place of Business:

## Current Mailing Address:

100 NORTH POINT CENTER EAST, SUITE 200  
ALPHARETTA, GA 30022

## New Mailing Address:

FEI Number: 20-3874357      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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: BARDIS, JOHN A  
Address: 100 NORTH POINT CENTER EAST, SUITE 200  
City-St-Zip: ALPHARETTA, GA 30022

Title: MGR ( ) Delete  
Name: GRESSETT, SCOTT  
Address: 100 NORTH POINT CENTER EAST, SUITE 200  
City-St-Zip: ALPHARETTA, GA 30022

Title: MGR ( ) Delete  
Name: GLENN, JANATHAN H  
Address: 100 NORTH POINT CENTER EAST, SUITE 200  
City-St-Zip: ALPHARETTA, GA 30022

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BARDIS, JOHN A CEO  
Address: 100 NORTH POINT CENTER EAST, SUITE 200  
City-St-Zip: ALPHARETTA, GA 30022

Title: MGR (X) Change ( ) Addition  
Name: GRESSETT, SCOTT TREAS  
Address: 100 NORTH POINT CENTER EAST, SUITE 200  
City-St-Zip: ALPHARETTA, GA 30022

Title: MGR (X) Change ( ) Addition  
Name: GLENN, JONATHAN H VP SEC  
Address: 100 NORTH POINT CENTER EAST, SUITE 200  
City-St-Zip: ALPHARETTA, GA 30022

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: SCOTT GRESSETT

TREA

07/09/2007

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