

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M09000004515

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** UNIVITA HEALTHCARE SOLUTIONS LLC

**Current Principal Place of Business:**

3700 COMMERCE PARKWAY  
SUITE B  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

3700 COMMERCE PARKWAY  
SUITE B  
MIRAMAR, FL 33025

**New Mailing Address:**

**FEI Number:** 27-1217010

**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:** MGRM  
**Name:** ARROW HOLDINGS LLC  
**Address:** 8601 N. SCOTTSDALE RD, STE 335  
**City-St-Zip:** SCOTTSDALE, AZ 85253

**Title:** CEOP  
**Name:** WILL CUTTS, H. DAVID  
**Address:** 3700 COMMERCE PARKWAY  
**City-St-Zip:** MIRAMAR, FL 33025

**Title:** VPT  
**Name:** SJOBECK, JEFFREY J  
**Address:** 11000 PRAIRIE LAKES DRIVE, SUITE 600  
**City-St-Zip:** EDEN PRAIRIE, MN 55344

**Title:** SVPS  
**Name:** COGGINS, EILEEN M ESQ.  
**Address:** 8601 N. SCOTTSDALE RD, SUITE 335  
**City-St-Zip:** SCOTTSDALE, AZ 85253

**Title:** GC  
**Name:** COGGINS, EILEEN M  
**Address:** 8601 N. SCOTTSDALE RD, SUITE 335  
**City-St-Zip:** SCOTTSDALE, AZ 85253

**Title:** CFO  
**Name:** SJOBECK, JEFFREY J  
**Address:** 11000 PRAIRIE LAKES DRIVE, STE 600  
**City-St-Zip:** EDEN PRAIRIE, MN 55344

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:** EILEEN M. COGGINS ESQ.

SVPS

04/27/2012

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