

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

DOCUMENT# M09000004516

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

**Entity Name:** UNIVITA NURSING MANAGEMENT SERVICES 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:** 27-1216574

**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., SUITE 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 DR., 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 ESQ.  
Address: 8601 N. SCOTTSDALE RD., SUITE 335  
City-St-Zip: SCOTTSDALE, AZ 85253

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