

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M98000000360

1. Entity Name
HEALTHSTRATA, LLC



Principal Place of Business

**210 25TH AVE N STE 508
NASHVILLE, TN 37203**

Mailing Address

**210 25TH AVE N STE 508
NASHVILLE, TN 37203**

DO NOT WRITE IN THIS SPACE



01062004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
62-1694957

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MCLAREN, DAN L
210 25TH AVE N STE 508
NASHVILLE, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MCLAREN, DEREK
210 25TH AVE N STE 508
NASHVILLE, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PARKER, THOMA
210 25TH AVE STE 508
NASHVILLE, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
THOMAS, J. ERIC
21025TH AVE N STE 508
NASHVILLE, TN 37203**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1600006110421
04/12/04-80083-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #