2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # MOSOCOOOCO

1. Entity Name

HEALTHSTRATA, LLC



FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90185 009 \*\*\*\*50.00

Principal Place of Business

Mailing Address

102 WOODMONT BOULEVARD. SUITE 350

102 WOODMONT BOULEVARD. SUITE 350

NASHVILLE TN 37205

NASHVILLE TN 37205

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City & Stat	e		City & S	State			4. FEI Num	ber 62	-1694957			oplied For	
NASHVILLE, -TN NASHVILLE, -							-13 / E. ( 10	UZ	IUUTUUI			ot Applicable	
Zip Country					Country	ntry					5.00 Ad	ditional	
37203 USA			37203		USA		5. Certificate of Status Desired Fee Required Fee Required						
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
					Name			_					
NRAI SERVICES, INC.						Character (DO Day Number in Not Assessable)							
526 EAST PARK AVENUE						Street Address (P.O. Box Number is Not Acceptable)							
TALI	LAHASSEE	FL 32301			·								
,•	٠.				City	City				FL Zip Code			
8 The above	named entit	submits this statement for	the nurnose	of changing its	registered office o	r registere	ed agent, or b	oth, in the :	State of Florio	la Lam fa	 miliar with.	and accept	
, the obligat			ine parpose	O O Langing its	registered office c	, regiolore	ou agom, or o	O(1), III (10)		ia. Tamin	armour tricin	ana accept	
CIONIATUDE	. •,												
SIGNATURE .	Signature, typed	or printed name of registered agent an	nd title if applicab	ile. (NOTE	: Registered Agent signs	ature required v	when reinstating)			DATE			
				FII F NO	OW!!! FEE IS	\$50 OO							
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				Dut	- Dy May 1, 200	,							
9.		MANAGING MEMBER	RS/MANAGE	ERS	10.			A[	DITIONS/CI	HANGES	-/-		
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NAME	THOMAS	, J. ERIC	•		NAME			EAL					
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

19103 615-397-1030 X 14
Daylime Phone #

CR2E083 (10/02