


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000005064 1. Entity Name MEMBERHEALTH, INC.	
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Principal Place of Business 29100 AURORA ROAD SUITE 301 SOLON, OH 44139	Mailing Address 29100 AURORA ROAD SUITE 301 SOLON, OH 44139
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1863266	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	HALLBERG, CHARLES E
STREET ADDRESS	29100 AURORA ROAD SUITE 301
CITY-ST-ZIP	SOLON, OH 44139
TITLE	DVP
NAME	HUGHES, SCOTT G
STREET ADDRESS	29100 AURORA ROAD SUITE 301
CITY-ST-ZIP	SOLON, OH 44139
TITLE	S
NAME	KOEHL-COLLING, JANE C
STREET ADDRESS	29100 AURORA ROAD SUITE 301
CITY-ST-ZIP	SOLON, OH 44139
TITLE	T
NAME	AZZOLINA, DAVID S
STREET ADDRESS	29100 AURORA ROAD SUITE 301
CITY-ST-ZIP	SOLON, OH 44139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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 02/20/07-80025-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1/12/07 440-248-8448
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DAVID S. AZZOLINA** Daytime Phone #