

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006750

FILED  
Jan 22, 2007  
Secretary of State

Entity Name: MEDICAL MANAGER RESEARCH & DEVELOPMENT, LLC

**Current Principal Place of Business:**

2202 N WESTSHORE BLVD  
STE 300  
TAMPA, FL 33607

**New Principal Place of Business:**

**New Mailing Address:**

56 TECHNOLOGY DRIVE  
ATTN: LEGAL DEPT.  
IRVINE, CA 92618

**Current Mailing Address:**

669 RIVER DR  
CTR 2  
ELMWOOD PARK, NJ 07407

FEI Number: 20-3867857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 ( ) Delete  
Name: EMDEON PRACTIVE SERV, ICES, INC  
Address: 2202 N. WEST SHORE BLVD.  
City-St-Zip: TAMPA, FL 33607

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SAGE SOFTWARE HEALTH, CARE, INC.  
Address: 2202 N. WEST SHORE BLVD., SUITE 300  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Change (X) Addition  
Name: CORBIN, ANDREW  
Address: 2202 N. WEST SHORE BLVD., SUITE 300  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Change (X) Addition  
Name: WALTERS, JEANNE  
Address: 2202 N. WEST SHORE BLVD., SUITE 300  
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JEANNE WALTERS

MGR

01/22/2007

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