

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000000125

FILED
Jan 04, 2012
Secretary of State

Entity Name: VITERA HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

4301 W. BOY SCOUT BLVD., SUITE 800
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

6561 IRVINE CENTER DRIVE
IRVINE, CA 92618

New Mailing Address:

4301 W. BOY SCOUT BLVD., SUITE 800
TAMPA, FL 33607

FEI Number: 59-3396629

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: MGR
Name: BURKETT, VINCENT
Address: 401 CONGRESS AVENUE, SUITE 3100
City-St-Zip: AUSTIN, TX 78701

Title: MGR
Name: HAWKINS, MATTHEW J
Address: 4301 W. BOY SCOUT BLVD., SUITE 800
City-St-Zip: TAMPA, FL 33607

Title: MGR
Name: SHETH, BRIAN N
Address: 150 CALIFORNIA STREET, 19TH FL
City-St-Zip: SAN FRANCISCO, CA 94111

Title: MGR
Name: HICKEY, JAMES P
Address: 2 PRUDENTIAL PLZ, 180 N STETSON AVE, #4000
City-St-Zip: CHICAGO, IL 60601

Title: MGR
Name: TAYLOR, MARTIN
Address: 150 CALIFORNIA STREET, 19TH FL
City-St-Zip: SAN FRANCISCO, CA 94111

Title: MGR
Name: FOSNAUGH, MICHAEL
Address: 2 PRUDENTIAL PLZ, 180 N STETSON AVE, #4000
City-St-Zip: CHICAGO, IL 60601

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: LAURENS ALBADA

SEC.

01/04/2012

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