

**2013 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M09000002445

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC4942855405**

**Entity Name:** INFORMED MEDICAL MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

1596 WHITEHALL RD  
ANNAPOLIS, MD 21409

**Current Mailing Address:**

1596 WHITEHALL RD  
ANNAPOLIS, MD 21409

**FEI Number: 26-3993963**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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: KIMBERLY BAGGETT**

**04/25/2013**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CFO  
Name HARRINGTON, DOUGLAS N  
Address 1596 WHITEHALL RD  
City-State-Zip: ANNAPOLIS MD 21409

Title MGR  
Name BROWNE, MARK  
Address 1596 WHITEHALL RD  
City-State-Zip: ANNAPOLIS MD 21409

Title MGR  
Name GOVATOS, G. P  
Address 1596 WHITEHALL ROAD  
City-State-Zip: ANNAPOLIS MD 21409

Title MGR  
Name NICKERSON, DAN  
Address 1596 WHITEHALL ROAD  
City-State-Zip: ANNAPOLIS MD 21409

Title MGR  
Name SPRING, HARRY D  
Address 1596 WHITEHALL ROAD  
City-State-Zip: ANNAPOLIS MD 21409

Title SOLE MANAGER  
Name MOONEY, STEPHEN M  
Address 2401 INTERNET BLVD.  
201  
City-State-Zip: FRISCO TX 75034

Title PRESIDENT  
Name NORTH, MEGAN C  
Address 2401 INTERNET BLVD.  
201  
City-State-Zip: FRISCO TX 75034

Title SOLE MANAGER  
Name CONIFER VALUE-BASED CARE, LLC  
Address 2401 INTERNET BLVD.  
201  
City-State-Zip: 75034 TX 75034

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEPHEN M MOONEY**

**SOLE MANAGER**

**04/25/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date