

2013 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M09000002445

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