

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001561

FILED
Jan 07, 2004
Secretary of State

Entity Name: CHAMBERLIN EDMONDS & ASSOCIATES, INC.

Current Principal Place of Business:

3500 PIEDMONT ROAD NE SUITE 400
ATLANTA, GA 30305

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 52368
ATLANTA, GA 30355

New Mailing Address:

FEI Number: 58-1749642 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JAHNS, DAVID W
Address: 610 5TH AVENUE
City-St-Zip: NEW YORK, NY 10020

Title: D () Delete
Name: MONTGOMERY, WILLIAM R
Address: 7058 ELM RIDGE DR
City-St-Zip: DALLAS, TX 75240

Title: S () Delete
Name: MORAGNE, JOHN H
Address: 505 HAMILTON AVENUE, SUITE 200
City-St-Zip: PALP ALTO, CA 94301

Title: CEO () Delete
Name: STARKEY, JUDITH E
Address: 3500 PIEDMONT ROAD NE SUITE 400
City-St-Zip: ATLANTA, GA 30305

Title: V () Delete
Name: RINDER, MARK B
Address: 3500 PIEDMONT ROAD NE SUITE 400
City-St-Zip: ATLANTA, GA 30305

Title: S () Delete
Name: HANSEN, SUSAN K
Address: 3500 PIEDMONT ROAD NE SUITE 400
City-St-Zip: ATLANTA, GA 30305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MORAGNE, JOHN H
Address: 505 HAMILTON AVENUE, SUITE 200
City-St-Zip: PALP ALTO, CA 94301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN K. HANSEN/MES

S

01/07/2004

Electronic Signature of Signing Officer or Director

_____ Date