2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001561

Entity Name: CHAMBERLIN EDMONDS & ASSOCIATES, INC.

FILED Jan 03, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
14 PIEDMONT CENTER SUITE 500 ATLANTA, GA 30305					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX 52368 ATLANTA, GA 30355					
FEI Number:	58-1749642	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T 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:					
	Electroni	ic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DIR () JAHNS, DAVID \ 610 5TH AVENU NEW YORK, NY	E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCGOWN, ELIZ	CENTER N.E. SUITE 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MORAGNE, JOH	AVENUE, SUITE 200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STARKEY, JUDI	CENTER NE SUITE 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BRECHBUHL, T	CENTER NE SUITE 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SADLER, BRIAN	CENTER NE SUITE 500	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 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: ELIZABETH A. MCGOWN VΡ 01/03/2007 Date