

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001296

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** TELLIGEN HEALTH MANAGEMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

1776 WEST LAKES PARKWAY  
WEST DES MOINES, IA 50266

**New Principal Place of Business:**

**Current Mailing Address:**

1776 WEST LAKES PARKWAY  
WEST DES MOINES, IA 50266

**New Mailing Address:**

**FEI Number:** 42-0992483

**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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: CHUNGATH, JEFF  
Address: 1776 WEST LAKES PARKWAY  
City-St-Zip: WEST DES MOINES, IA 50266

Title: SEC  
Name: ALTMAN, STEPHANIE  
Address: 1776 WEST LAKES PARKWAY  
City-St-Zip: WEST DES MOINES, IA 50266

Title: TREA  
Name: STURM, DENISE  
Address: 1776 WEST LAKES PARKWAY  
City-St-Zip: WEST DES MOINES, IA 50266

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 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 all other like empowered.

SIGNATURE: DENISE STURM

CFO

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date