

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F08000002545

FILED
Jul 14, 2009
Secretary of State**Entity Name:** WEBMD HEALTH SERVICES GROU, INC.**Current Principal Place of Business:**2701 NW VAUGHN ST.
PORTLAND, OR 97210 US**New Principal Place of Business:****Current Mailing Address:**2701 NW VAUGHN ST.
PORTLAND, OR 97210 US**New Mailing Address:****FEI Number:** 93-1270422**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:** P () Delete
Name: WAYNE
Address: 111 8TH AVE.
City-St-Zip: NEW YORK, NY 10011 US**Title:** V () Delete
Name: ANTHONY
Address: 111 8TH AVE.
City-St-Zip: NEW YORK, NY 10011 US**Title:** S () Delete
Name: DOUGLAS
Address: 111 8TH AVE.
City-St-Zip: NEW YORK, NY 10011 US**Title:** V () Delete
Name: MARK
Address: 111 8TH AVE.
City-St-Zip: NEW YORK, NY 10011 US**Title:** V () Delete
Name: DAVID
Address: 111 8TH AVE.
City-St-Zip: NEW YORK, NY 10011 US**Title:** V () Delete
Name: WILLIAM
Address: 111 8TH AVE.
City-St-Zip: NEW YORK, NY 10011 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: GUTINELLA, WAYNE
Address: 111 8TH AVE.
City-St-Zip: NEW YORK, NY 10011 US**Title:** V (X) Change () Addition
Name: VUOLO, ANTHONY
Address: 111 8TH AVE.
City-St-Zip: NEW YORK, NY 10011 US**Title:** S (X) Change () Addition
Name: WAMSLEY, DOUGLAS
Address: 111 8TH AVE.
City-St-Zip: NEW YORK, NY 10011 US**Title:** V (X) Change () Addition
Name: FUNSTON,, MARK
Address: 111 8TH AVE.
City-St-Zip: NEW YORK, NY 10011 US**Title:** V (X) Change () Addition
Name: SCHLANGER, DAVID
Address: 111 8TH AVE.
City-St-Zip: NEW YORK, NY 10011 US**Title:** V (X) Change () Addition
Name: PENCE, WILLIAM
Address: 111 8TH AVE.
City-St-Zip: NEW YORK, NY 10011 US

I hereby certify that the information supplied with this filing does not qualify 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: DOUGLAS WAMSLEY

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07/14/2009

Electronic Signature of Signing Officer or Director_____
Date