## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F97000000797

SIGNATURE: MARC AARRISON

1. Entity Name

EMDEON PRACTICE SERVICES, INC.



## FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90334 040 \*\*\*150.00

(201)703-3400

					1							
Principal Place of Business 2202 N WEST SHORE BLVD TAMPA, FL 33607			Mailing Address 669 RIVER DR, CENTER 2 C/O LEGAL DEPT ELMWOOD PARK, NJ 07407				. I Eile 1881 E871 8811 88			KB#		
2. Principal Place of Business			3. Mailing Address				A STATE OF THE STA					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01092006	Chg-P	CR2E03	CR2E034 (11/05)		
City & State			City & State			4. FEI Numbe 59-339	·	Applied For Not Applicable				
Zip		Country	Zip	Country			5. Certificate	of Status Desired		8.75 Add ee Required		
	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						Name  Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Code	•		
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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typerd or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required w									DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.							00 May Be ed to Fees					
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE	DEVP		☐ Delete	TITL		D, CE				Change	Addition	
NAME	CORBIN, ANDREW					ANDR	EM CORB	(4) (4)				
STREET ADDRESS CITY-ST-ZIP	TAMPA, F	R BLVD, CTR 2 L 33607					N. WESTS PA, FL 33	taz€ BWO. 607				
TITLE	٧		☐ Delete	☐ Delete TITLE		CFO				Change	X Addition	
NAME		RANK J JR	NAM		-		INE WALTERS					
STREET ADDRESS		R DRIVE, CENTER 2		STRE		_	2 D. WESTSHORE BLYD.					
CITY-ST-ZIP					/-\$1-ZIP		PA, FL 33	<u>607</u>				
TITLE	VPS Delete III					D'16	•	_		Change	☐ Addition	
NAME STREET ADDRESS	_GLICKMIKE 669 RIVER DR CENTER 2			1	MICHAEL GLICK REET ADDRESS USA RIVER DENTER 2							
CITY-ST-ZIP					Y-ST-ZIP		DOD PARK					
TITLE	DVPS	,	Delete	THTL	 .E	<u> </u>	<u> </u>			☐ Change	Addition	
NAME	GHICK, M	ICHAEL	,	NAN							_	
STREET ADDRESS	669 RIVER DRIVE, CTR 2			EET ADDRESS								
CITY - ST - ZIP	ELMWOO	D PARK, NJ 07407		CIT	Y-ST-ZIP							
TITLE	D		☐ Delete	TITL	LE	D, EV	P, 5			Change	☐ Addition	
NAME	MELE, CH	ARLES A		. NAN	ME	CHAR	æs neve					
STREET ADDRESS	,				IEET ADDRESS	6691	RIVER DRIVE, CTR.2					
CITY - ST - ZIP	ELMWOO	D PARK, NJ 07407			Y-ST-ZIP	ELMW	XOD PARL	172 01403				
TITLE	VPAS	N MADC I	☐ Delete	1111						☐ Change	☐ Addition	
NAME STREET ADDRESS		N, MARC L P DRIVE CENTER 2		NAN RT2	vie Réét address						l	
CITY-ST-ZIP				Y-ST-ZIP								
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												