

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022701

FILED  
Apr 10, 2006  
Secretary of State

**Entity Name:** MANAGED CARE SOLUTIONS, LLC

**Current Principal Place of Business:**

4651 SHERIDAN STREET  
SUITE 200  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4651 SHERIDAN STREET  
SUITE 200  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 01-0713558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ATCHISON, KARA L  
13889 SW 41ST ST  
DAVIE, FL 33330 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ARCHISON, KARA  
Address: 13889 SW 41ST ST  
City-St-Zip: DAVIE, FL 33330

Title: MGRM ( ) Delete  
Name: ATCHISON, KEITH  
Address: 3001 S OCEAN DR APT 16X  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES:**

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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KARA L. ATCHISON

CEO

04/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date