

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022701

FILED
May 04, 2007
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: MGRM (X) Change () Addition
Name: ATCHISON, KARA
Address: 13889 SW 41ST ST
City-St-Zip: DAVIE, FL 33330

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 ATCHISON

MGRM

05/04/2007

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