

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022701

FILED
Feb 12, 2009
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:

4601 SHERIDAN STREET
SUITE 100
HOLLYWOOD, FL 33021

Current Mailing Address:

4651 SHERIDAN STREET
SUITE 200
HOLLYWOOD, FL 33021

New Mailing Address:

4601 SHERIDAN STREET
SUITE 100
HOLLYWOOD, FL 33021

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: ATCHISON, 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 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

02/12/2009

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