

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000022701

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

4601 SHERIDAN STREET  
SUITE 100  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4601 SHERIDAN STREET  
SUITE 100  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 01-0713558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
Name: ATCHISON, KARA  
Address: 13889 SW 41ST ST  
City-St-Zip: DAVIE, FL 33330

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

I hereby 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

04/20/2010

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