2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024325

Entity Name: CLIENTELEHEALTH, LLC

FILED May 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4345 SOUTHPOINT BLVD SUITE 100 841 PRUDENTIAL DRIVE JACKSONVILLE, FL 32216

SUITE 1430

JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

4345 SOUTHPOINT BLVD SUITE 100 841 PRUDENTIAL DRIVE

SUITE 1430 JACKSONVILLE, FL 32216

JACKSONVILLE, FL 32207

FEI Number: 52-2381107 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:

STONEBURNER, GRESHAM R 841 PRUDENTIAL DRIVE, SUITE 1400 JACKSONVILLE, FL 32207

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: ADDITIONS/CHANGES:

() Delete Title: (X) Change () Addition

GRAHAM, DAVID G GRAHAM, DAVID G Name: Name: Address: 4345 SOUTHPOINT BLVD., STE. 100 Address: 841 PRUDENTIAL DRIVE, SUITE 1430

City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32207

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: DAVID G. GRAHAM 05/15/2007