

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000039877

1. Entity Name
CORRIGO INFORMATION SYSTEM SOLUTIONS, LLC



Principal Place of Business
**1831 N. BELCHER RD., STE. G-2B
CLEARWATER, FL 33765**

Mailing Address
**P.O. BOX 8109
ATTN: GERALD BUSCH
CLEARWATER, FL 33758**



01072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0500083

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARQUARDT, J.MATTHEW
625 COURT ST., STE. 625
CLEARWATER, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CORRIGO HEALTH CARE SOLUTIONS, LLC
STREET ADDRESS	P.O. BOX 8109
CITY- ST- ZIP	CLEARWATER, FL 33758
TITLE	MGRM
NAME	JOHNSON, BRENT
STREET ADDRESS	1 KALMIA CREEK DR.
CITY- ST- ZIP	GREENVILLE, SC 29607
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/28/05-80017-019 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Gerald M. Busch

Gerald M. Busch

3/23/05

727-712-0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #