


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90142 045 *****55.00

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| 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 | |
| 2. Principal Place of Business 1944 N. Hercules Ave. | | 3. Mailing Address | |
| Suite, Apt. #, etc. Suite A | | Suite, Apt. #, etc. | |
| City & State Clearwater, FL | | City & State | |
| Zip 33763 | Country USA | Zip | Country |
| 6. Name and Address of Current Registered Agent MARQUARDT, J. MATTHEW 625 COURT ST., STE. 625 CLEARWATER, FL 33756 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CORRIGO HEALTH CARE SOLUTIONS, LLC P.O. BOX 8109 CLEARWATER, FL 33758 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1944 N. Hercules Ave., Ste. A Clearwater, FL 33763 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JOHNSON, BRENT 1 KALMIA CREEK DR. GREENVILLE, SC 29607 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1944 N. Hercules Ave., Ste. A Clearwater, FL 33763 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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02142006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0500083 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2/14/06 727-631-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #