


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90079 002 ****55.00

DOCUMENT # L03000039877 1. Entity Name CORRIGO INFORMATION SYSTEM SOLUTIONS, LLC	
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Principal Place of Business 1944 NHERCULES AVE STE A CLEARWATER, FL 33763	Mailing Address P.O. BOX 8109 ATTN: GERALD BUSCH CLEARWATER, FL 33758
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60019049



02232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0500083	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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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
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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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORRIGO HEALTH CARE SOLUTIONS, LLC 1944 N HERCULES AVE STE A CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, BRENT 1944 N HERCULES AVE STE A CLEARWATER, FL 33763
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Gerald M. Busch 2/23/07 727-631-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #