

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039877

FILED
Mar 11, 2008
Secretary of State

Entity Name: CORRIGO INFORMATION SYSTEM SOLUTIONS, LLC

Current Principal Place of Business:

1944 NHERCULES AVE STE A
CLEARWATER, FL 33763

New Principal Place of Business:

1944 N HERCULES AVE STE A
CLEARWATER, FL 33763

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-0500083 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARQUARDT, J.MATTHEW
625 COURT ST., STE. 625
CLEARWATER, FL 33756 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 () Delete
Name: CORRIGO HEALTH CARE, SOLUTIONS, LLC
Address: 1944 N HERCULES AVE STE A
City-St-Zip: CLEARWATER, FL 33763

Title: MGRM () Delete
Name: JOHNSON, BRENT
Address: 1944 N HERCULES AVE STE A
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GERALD M BUSCH

MGRM

03/11/2008

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