

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020035

Entity Name: INFORMED DECISIONS, LLC

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

320 W. KENNEDY BLVD, STE 400
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

320 W. KENNEDY BLVD, STE 400
TAMPA, FL 33606

New Mailing Address:

2 NEWTON PLACE
SUITE .50
NEWTON, MA 02458

FEI Number: 20-2596406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, RUSSELL S
320 W. KENNEDY BLVD, STE 400
TAMPA, FL 33606 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: MGR () Delete
Name: MEDVEDEFF, DAVID
Address: 320 W. KENNEDY BLVD, STE 400
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: THOMAS, RUSSELL S
Address: 320 W. KENNEDY BLVD, STE 400
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: CARDEN, LEAH
Address: 320 W. KENNEDY BLVD, STE 400
City-St-Zip: TAMPA, FL 33606

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

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

Title: VPAT () Change (X) Addition
Name: FONTAINE, CHARLES P
Address: 2 NEWTON PLACE, SUITE 350
City-St-Zip: NEWTON, MA 02458

Title: T () Change (X) Addition
Name: FOGARTY, KENNETH E
Address: 2 NEWTON PLACE, SUITE 350
City-St-Zip: NEWTON, MA 02458

Title: S () Change (X) Addition
Name: SEELEY, MARK L
Address: 30 CORPORATE DRIVE, SUITE 400
City-St-Zip: BURLINGTON, MA 01803

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: CHARLES P. FONTAINE

VPAT

04/25/2007

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