2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L05000020035

Entity Name: INFORMED DECISIONS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

2 NEWTON PLACE
SUITE .50
NEWTON, MA 02458

New Mailing Address:

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:	VPAT	( ) Delete
Name:	FONTAINE, CHARLES P	
Address:	2 NEWTON PLACE, SUITE 350	
City-St-Zip:	NEWTON, MA 02458	
Title:	T	( ) Delete
Name:	FOGARTY, KENNETH E	
Address:	2 NEWTON PLACE, SUITE 350	
City-St-Zip:	NEWTON, MA 02458	
Title:	S	( ) Delete
Name:	SEELEY, MARK L	
Address:	30 CORPORATE DRIVE, SUITE 400	
City-St-Zip:	BURLINGTON, MA 01803	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CHARLES P. FONTAINE VP 04/28/2008

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