

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081367

FILED
Jan 03, 2006
Secretary of State

Entity Name: HEALTHCARE EXPENSE MANAGEMENT AND ANALYSIS, LLC

Current Principal Place of Business:

335 RUCKEL DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

335 RUCKEL DRIVE
NICEVILLE, FL 32578

New Mailing Address:

PO BOX 5442
NICEVILLE, FL 32578 US

FEI Number: 20-3374727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, AUDREE D
335 RUCKEL DRIVE
NICEVILLE, FL 32578 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: NEWMAN, AUDREE D
Address: 335 RUCKEL DRIVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: AUDREE D. NEWMAN

MGRM

01/03/2006

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