2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # L05000085733

1. Entity Name
SOLERA HEALTH SERVICES, LLC

Principal Place of Business	Mailing Address
1205 SW 37 AVENUE - 3RD FLOOR MIAMI, FL 33135	1205 SW 37 AVENUE - 3RD FLOOR MIAMI, FL 33135

01042007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3405119
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, CLAUDIO R
1205 SW 37 AVENUE - 3RD FLOOR
MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000007668183
04/24/07-80127-020 50.00

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALVAREZ, CLAUDIO R
STREET ADDRESS	1205 SW 37 AVE., 3RD FLOOR
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	MGRM
NAME	ALVAREZ, NICOLAS R
STREET ADDRESS	1205 SW 37 AVENUE - 3RD FLOOR
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	MGRM
NAME	ALVAREZ, CRISTINA R
STREET ADDRESS	1205 SW 37 AVENUE - 3RD FLOOR
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 4/12/07 (305) 448-8255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #