


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000085733</b> 1. Entity Name SOLERA HEALTH SERVICES, LLC	
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Principal Place of Business 1205 SW 37 AVENUE - 3RD FLOOR MIAMI, FL 33135	Mailing Address 1205 SW 37 AVENUE - 3RD FLOOR MIAMI, FL 33135
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**DO NOT WRITE IN THIS SPACE**

01172008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-3405119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  ALVAREZ, CLAUDIO R 1205 SW 37 AVENUE - 3RD FLOOR MIAMI, FL 33135	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

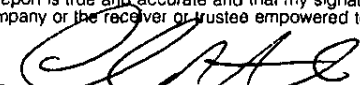
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000913007  
05/07/08-80103-008 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, CLAUDIO R 1205 SW 37 AVE., 3RD FLOOR MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, NICOLAS R 1205 SW 37 AVENUE - 3RD FLOOR MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, CRISTINA R 1205 SW 37 AVENUE - 3RD FLOOR 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:**  **4/15/08** **(305) 448-8255**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #