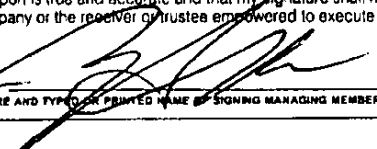


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90032 007 \*\*\*\*50.00

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     |                                                |                                                                                                                                   |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L06000118311</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     |                                                |                                                                                                                                   |  |  |
| 1. Entity Name<br>STRATEGIC HEALTHCARE MANAGEMENT SYSTEMS, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     |                                                |                                                                                                                                   |                                                                                   |  |
| Principal Place of Business<br>2900 N. GLADES CIRCLE<br>SUITE 1400<br>WESTON, FL 33327 US                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                | Mailing Address<br>2900 N. GLADES CIRCLE<br>SUITE 1400<br>WESTON, FL 33327 US                                                     |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     |                                                | 3. Mailing Address                                                                                                                |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     |                                                | Suite, Apt. #, etc.                                                                                                               |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                | City & State                                                                                                                      |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                             | Zip                                            | Country                                                                                                                           | 4. FEI Number<br><b>20-8039320</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |                                                |                                                                                                                                   | Applied For<br>Not Applicable                                                     |  |
| 6. Name and Address of Current Registered Agent<br><br>ROMANELLO PROFESSIONAL ASSOCIATION<br>1560 SAWGRASS CORPORATE PARKWAY<br>FOURTH FLOOR<br>SUNRISE, FL 33323                                                                                                                                                                                                                                                                                                                                        |                                                                                                                     |                                                | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |                                                                                   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                         |                                                                                                                     |                                                |                                                                                                                                   |                                                                                   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |                                                |                                                                                                                                   | Make check payable to<br>Florida Department of State                              |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                | 10. ADDITIONS/CHANGES                                                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>ROMANELLO, BRUCE J<br>2900 N. GLADES CIRCLE, SUITE 1400<br>WESTON, FL 33327 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | M<br>ROMANELLO, MARYANN<br>2900 N. GLADES CIRCLE, SUITE 1400<br>WESTON, FL 33327 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |                                                                                   |  |
| 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<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                                       |                                                                                                                     |                                                |                                                                                                                                   |                                                                                   |  |

ATTACHMENT

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#L06000118311

**Strategic Healthcare Management Systems**

2900 Glades Circle

Suite 1400

Weston, FL 33327

Division of Corporations

PO Box 6478

Tallahassee, FL 32314