2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# L06000120445

Entity Name: AA MEDICAL SOFTWARE DEVELOPERS LLC

Current Principal Place of Business:

(NCG) 140 N WESTMONTE DR
SUITE 100
ALTAMONTE SPRINGS, FL 327143340 US

New Principal Place of Business:

(NCG) 140 N WESTMONTE DR
SUITE 100
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

(NCG) 140 N WESTMONTE DR
SUITE 100
ALTAMONTE SPRINGS, FL 327143340 US

New Mailing Address:

140 N. WESTMONTE DR. STE. 100
SUITE 100
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 20-8066309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARIAS, ANTONIO
(NCG) 140 N WESTMONTE DR
SUITE 100
ALTAMONTE SPRINGS, FL 327143340 US

Name and Address of New Registered Agent:

ARIAS, ANTONIO
140 N. WESTMONTE DR. STE. 100
SUITE 100
ALTAMONTE SPRINGS, FL 32714 US

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: 03/31/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ARIAS, ANTONIO
Address: (NCG) 140 N WESTMONTE DR SUITE 100
City-St-Zip: ALTAMONTE SPRINGS, FL 327143340 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ARIAS, ANTONIO
Address: (NCG) 140 N WESTMONTE DR SUITE 100
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: ANTONIO ARIAS MGRM 03/31/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date