

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017518

FILED
Jan 21, 2009
Secretary of State

Entity Name: HEALTHEXCHANGE SYSTEMS, LLC

Current Principal Place of Business:

5109 WEST LEMON STREET
SUITE A
TAMPA, FL 33609 US

New Principal Place of Business:

5100 WEST LEMON STREET
SUITE 311
TAMPA, FL 33609 US

Current Mailing Address:

5109 WEST LEMON STREET
SUITE A
TAMPA, FL 33609 US

New Mailing Address:

5100 WEST LEMON STREET
SUITE 311
TAMPA, FL 33609 US

FEI Number: 26-1984506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMA, RON G
27625 WATERFORD WAY
WESLEY CHAPEL, FL 33544 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: MGR () Delete
Name: ROMA, RON G
Address: 27625 WATERFORD WAY
City-St-Zip: WESLEY CHAPEL, FL 33544 US

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 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: RON G. ROMA

MGR

01/21/2009

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