2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000109

Entity Name: CHAPIN REVENUE CYCLE MANAGEMENT, LLC

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4890 W. KENNEDY BLVD., STE. 820 3415 FRONTAGE RD EAST, STE B

TAMPA, FL 33609 TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

4890 W. KENNEDY BLVD., STE. 820 3415 FRONTAGE RD EAST, STE B

TAMPA, FL 33609 TAMPA, FL 33607

FEI Number: 14-1863320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENTHORNE, KEITH HENTHORNE, KEITH

4890 W. KENNEDY BLVD., STE. 820 3415 FRONTAGE RD EAST, STE B

TAMPA, FL 33609 TAMPA, FL 33607 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: KEITH HENTHORNE 04/26/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition

HENTHORNE, KEITH HENTHORNE, KEITH Name: Name: 4890 W. KENNEDY BLVD., STE. 820 Address: 3415 FRONTAGE RD EAST, STE B Address:

TAMPA, FL 33609 TAMPA, FL 33607

City-St-Zip: City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

FINKEL, DAVID Name: FINKEL, DAVID Name: Address: 4890 W. KENNEDY BLVD., STE, 820 Address: 3415 FRONTAGE RD EAST, STE B

City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete Title: MGRM (X) Change () Addition LAFORGE, RICHARD LAFORGE, RICHARD Name: Name:

4890 W. KENNEDY BLVD., STE. 820 Address: Address: 3415 FRONTAGE RD EAST, STE B

City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: VITTE, TAMMY Name: VITTE, TAMMY

Address: 4890 W KENNEDY BLVD, STE 820 Address: 3415 FRONTAGE RD EAST, STE B

City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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: KEITH HENTHORNE **MGRM** 04/26/2006