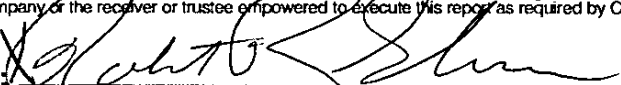


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90193 009 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                              |                                                                                                                                          |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # M04000004946</b><br>1. Entity Name<br><b>CAMBIO HEALTH SOLUTIONS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                             |                                                              |                                                                                                                                          |  |  |
| Principal Place of Business<br><b>100 WESTWOOD PLACE, SUITE 350<br/>BRENTWOOD, TN 37027</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |                                                              | Mailing Address<br><b>100 WESTWOOD PLACE, SUITE 350<br/>BRENTWOOD, TN 37027</b>                                                          |                                                                                   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |                                                                                                                                          |                                                                                   |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             | City & State<br><br>Zip      Country                         |                                                                                                                                          | 4. FEI Number<br><b>42-1792884</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                                              |                                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |                                                              | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. <span style="float: right;">N/A</span>                                                                                                                                                                                                                                          |                                                                                             |                                                              |                                                                                                                                          |                                                                                   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                             |                                                              |                                                                                                                                          |                                                                                   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             | <b>Make check payable to<br/>Florida Department of State</b> |                                                                                                                                          |                                                                                   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             |                                                              | <b>10. ADDITIONS/CHANGES</b>                                                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MGR<br/>BLAINE, STEVEN L<br/>100 WESTWOOD PLACE, SUITE 350<br/>BRENTWOOD, TN 37027</b>   | <input type="checkbox"/> Delete                              |                                                                                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MGR<br/>BRALEY, JAMES J<br/>100 WESTWOOD PLACE, SUITE 350<br/>BRENTWOOD, TN 37027</b>    | <input type="checkbox"/> Delete                              |                                                                                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MGR<br/>ENKEMA, ROBERT R<br/>100 WESTWOOD PLACE, SUITE 350<br/>BRENTWOOD, TN 37027</b>   | <input type="checkbox"/> Delete                              |                                                                                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MGR<br/>SIEDLECKI, JOHN A<br/>100 WESTWOOD PLACE, SUITE 350<br/>BRENTWOOD, TN 37027</b>  | <input type="checkbox"/> Delete                              |                                                                                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MGR<br/>INGLETON, THOMAS W<br/>100 WESTWOOD PLACE, SUITE 350<br/>BRENTWOOD, TN 37027</b> | <input type="checkbox"/> Delete                              |                                                                                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MGR<br/>WRIGHT, ROBERT<br/>100 WESTWOOD PLACE, SUITE 350<br/>BRENTWOOD, TN 37027</b>     | <input type="checkbox"/> Delete                              |                                                                                                                                          |                                                                                   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:                                            |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                             |                                                              | Date: <b>1/31/05</b> Daytime Phone #: <b>615.324.8558</b>                                                                                |                                                                                   |  |

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