



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90090 040 ****50.00

DOCUMENT # M05000002678					
1. Entity Name PATIENTLINE, LLC					
Principal Place of Business C/O THE COMPANY CORPORATION 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808			Mailing Address C/O THE COMPANY CORPORATION 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808		
2. Principal Place of Business		3. Mailing Address 11622 El Camino Real, Ste 100			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste 100		08032006 Chg-LLC CR2E083 (11/05)	
City & State		City & State, SAN DIEGO, CA		4. FEI Number 20-1221101	
Zip		Zip 92130		Country USA	
Country		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME WATTS, DAVID STREET ADDRESS THAMES VALLEY COURT, 183-187 BATH RD. CITY-ST-ZIP SLOUGH, BERKSHIRE, U.K., DE 19808	<input checked="" type="checkbox"/> Delete		TITLE CEO NAME Tom Bang STREET ADDRESS 11622 El Camino Real, Ste 100 CITY-ST-ZIP SAN DIEGO, CA 92130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE CFO NAME Jonathan Freeman STREET ADDRESS 11622 El Camino Real, Ste 100 CITY-ST-ZIP SAN DIEGO, CA 92130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: _____			8-3-06 858-764-2516		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		