

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006290

FILED
Feb 24, 2006
Secretary of State

Entity Name: HEALTHEDGE INVESTMENT MANAGEMENT, LLC

Current Principal Place of Business:

2905 BAYSHORE BLVD., SUITE 200
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2905 BAYSHORE BLVD., SUITE 200
TAMPA, FL 33629

New Mailing Address:

FEI Number: 16-1740261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DINGLE, PHILLIP S
2905 BAYSHORE BLVD., SUITE 200
TAMPA, FL 33629 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: MGRM () Delete
Name: BLUE, HAROLD S
Address: 2905 BAYSHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: DINGLE, PHILLIP S
Address: 2905 BAYSHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: ANDERSON, BRIAN W
Address: 2905 BAYSHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PHILLIP S. DINGLE

MGRM

02/24/2006

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