2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# M05000006291

Entity Name: HEALTHEDGE INVESTMENT PARTNERS, LLC

Current Principal Place of Business:

100 S. ASHLEY DRIVE, SUITE 650
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

100 S. ASHLEY DRIVE, SUITE 650
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-2951019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DINGLE, PHILLIP S
100 S. ASHLEY DRIVE, SUITE 650
TAMPA, FL 33602 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:	100 S. ASHLEY DRIVE, SUITE 650	
City-St-Zip:	TAMPA, FL 33602	
Title:	MGRM	( ) Delete
Name:	DINGLE, PHILLIP S	
Address:	100 S. ASHLEY DRIVE, SUITE 650	
City-St-Zip:	TAMPA, FL 33602	
Title:	MGRM	( ) Delete
Name:	ANDERSON, BRIAN W	
Address:	100 S. ASHLEY DRIVE, SUITE 650	
City-St-Zip:	TAMPA, FL 33602	
Title:	MGRM	( ) Delete
Name:	BRODSKY, BERT E	
Address:	26 HARBOR PARK DRIVE	
City-St-Zip:	PORT WASHINGTON, NY 11050	
Title:	MGRM	(X) Delete
Name:	PATEL, KIRAN C	
Address:	5600 MARINER STREET, SUITE 200	
City-St-Zip:	TAMPA, FL 33609	

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:	
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 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 04/11/2008

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