2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# M06000001832

Entity Name: GOODROE HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

ATTN; LEGAL DEPARTMENT
220 E. LAS COLINAS BLVD.
IRVING, TX 75039

New Principal Place of Business:

Current Mailing Address:

ATTN; LEGAL DEPARTMENT
220 E. LAS COLINAS BLVD.
IRVING, TX 75039

New Mailing Address:

FEI Number: 20-3697308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR ( ) Delete
Name: BAKER, STUART D MD
Address: 220 E. LAS COLINAS BLVD.
City-St-Zip: IRVING, TX 75039

Title: MGR ( ) Delete
Name: HAYES, JEFF
Address: 220 E. LAS COLINAS BLVD.
City-St-Zip: IRVING, TX 75039

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: VHA INC.,
Address: 220 E. LAS COLINAS BLVD.
City-St-Zip: IRVING, TX 75039

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: VHA INC., MARCEA LLOYD, SECRETARY MGRM 01/30/2007

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