

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001832

FILED  
Jan 13, 2009  
Secretary of State

**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: MGRM ( ) Delete  
Name: VHA INC.,  
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

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: DOWNING, SCOTT  
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 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: STEVE MUSGRAVE, ASSIST. SEC. FOR VHA INC

MGRM

01/13/2009

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