2007 LIMITED LIABILITY COMPANY

Aug 20, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # M06000006182 08-20-2007 90182 033 ****50.00 1. Entity Name MEDE AMERICA LLC **61656009** Principal Place of Business Mailing Address 2865 AMWILER ROAD 2865 AMWILER ROAD ATLANTA, GA 30360 ATLANTA, GA 30360 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 08092007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-5716803 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FŁ 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 Signature, typed or printed name of registered agent and title if applicable. DATE Filing Fee is \$50.00 Make check payable to Due by September 14, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITLE **EMDEON BUSINESS SERVICES LLC** NAME NAME RIVER DRIVE CNTR 2, 669 RIVER DRIVE STREET ADDRESS STREET ADDRESS ELMWOOD PARK, NJ 07407 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 ceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company of

CITY-ST-ZIP

CITY-ST-ZIP

PRINTED NAME OF STONING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (261)703-3400 5 10 07 SIGNATURE: SIGNATURE AND TYPED O