


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000007137 1. Entity Name VERIDIGN HEALTH SOLUTIONS, LLC	
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Principal Place of Business 3031-C WALTON RD., SUITE 201 PLYMOUTH MEETING, PA 19462	Mailing Address 3031-C WALTON RD., SUITE 201 PLYMOUTH MEETING, PA 19462
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DO NOT WRITE IN THIS SPACE



02222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 81-0681081	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331
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**DO NOT WRITE
IN THIS SPACE**

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. (NOTE: Registered Agent signature required when reinstating) DATE


**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRICK, JOSEPH A C/O 1901 MARKET ST. PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULTER, CHRISTOPHER D C/O 1901 MARKET ST. PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DADDIS, JOHN A C/O 1901 MARKET ST. PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOOS, JOHN G C/O 1901 MARKET ST. PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYONS, DANIEL C C/O 1901 MARKET ST. PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/29/07-80018-018 55.00

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IN THIS SPACE**

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

SIGNATURE:  John G. Foos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/23/07 215-241-2420
Date Daytime Phone #