

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000007137

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: VERIDIGN HEALTH SOLUTIONS, LLC

## Current Principal Place of Business:

3031-C WALTON RD., SUITE 201  
PLYMOUTH MEETING, PA 19462

## New Principal Place of Business:

1500 SPRING GARDEN STREET., SUITE 200  
PHILADELPHIA, PA 19130

## Current Mailing Address:

3031-C WALTON RD., SUITE 201  
PLYMOUTH MEETING, PA 19462

## New Mailing Address:

1500 SPRING GARDEN STREET., SUITE 200  
PHILADELPHIA, PA 19130

FEI Number: 81-0681081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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: FRICK, JOSEPH A  
Address: C/O 1901 MARKET ST.  
City-St-Zip: PHILADELPHIA, PA 19103

Title: MGR ( ) Delete  
Name: BULTER, CHRISTOPHER D  
Address: C/O 1901 MARKET ST.  
City-St-Zip: PHILADELPHIA, PA 19103

Title: MGR ( ) Delete  
Name: DADDIS, JOHN A  
Address: C/O 1901 MARKET ST.  
City-St-Zip: PHILADELPHIA, PA 19103

Title: MGR ( ) Delete  
Name: FOOS, JOHN G  
Address: C/O 1901 MARKET ST.  
City-St-Zip: PHILADELPHIA, PA 19103

Title: MGR ( ) Delete  
Name: LYONS, DANIEL C  
Address: C/O 1901 MARKET ST.  
City-St-Zip: PHILADELPHIA, PA 19103

## 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: DANIEL C. LYONS

MGR

01/09/2008

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