

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000007137

FILED
Feb 23, 2009
Secretary of State

Entity Name: VERIDIGN HEALTH SOLUTIONS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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: AKINOLA AKIWOWO

SNR.

02/23/2009

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