

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000002352

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** HEALTHCARE INFORMATION SERVICES L.L.C.

**Current Principal Place of Business:**

350 S. NORTHWEST HIGHWAY, SUITE 200  
PARK RIDGE, IL 60068

**New Principal Place of Business:**

**Current Mailing Address:**

350 S. NORTHWEST HIGHWAY, SUITE 200  
PARK RIDGE, IL 60068

**New Mailing Address:**

**FEI Number:** 36-4089115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORLIS, LANCE  
235 2ND AVENUE SOUTH  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

SALMEN, ANDY  
235 2ND AVENUE SOUTH  
ST. PETERSBURG, FL 33701 US

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: ANDY SALMEN

04/20/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WOLD, DAVID J  
Address: 350 S. NORTHWEST HIGHWAY, SUITE 200  
City-St-Zip: PARK RIDGE, IL 60068

I hereby 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: DAVID WOLD

MGR

04/20/2011

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