

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000002352

FILED
Apr 20, 2012
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:

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

04/20/2012

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