

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092813

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** MEDICARE ACCOUNTABILITY REIMBURSEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

546 26TH AVENUE NORTH  
ST. PETERSBURG, FL 337042830

**New Principal Place of Business:**

912 JACKSON ST N  
ST. PETERSBURG, FL 33705

**Current Mailing Address:**

546 26TH AVENUE NORTH  
ST. PETERSBURG, FL 337042830

**New Mailing Address:**

912 JACKSON ST N  
ST. PETERSBURG, FL 33705

FEI Number: 20-2115682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HART, JEANNINE  
546 26TH AVENUE NORTH  
ST. PETERSBURG, FL 337042830 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: MGRM  
Name: HART, JEANNINE  
Address: 546 26TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 337042830

Title: MGRM  
Name: HART, RICHARD  
Address: 546 26TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 337042830

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: JEANNINE HART

MM

03/24/2010

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