2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

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Entity Name: AUTOMATED PATIENT COMMUNICATION SERVICES LLC

Current Principal Place of Business:

11328 RIDGE ROAD, SUITE 78
NEW PORT RICHEY, FL 34654 US

New Principal Place of Business:

Current Mailing Address:

11328 RIDGE ROAD, SUITE 78
NEW PORT RICHEY, FL 34654 US

New Mailing Address:

FEI Number: 26-3520994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOOD, CHRISTOPHER W PRES
9992 LAKE SEMINOLE DR. W
LARGO, FL 33773 US

Name and Address of New Registered Agent:

ARNOLD, DARIUS D MGR
11328 RIDGE ROAD
NEW PORT RICHEY, FL 34654 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: DARIUS D ARNOLD 04/29/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ARNOLD, DARIUS D MGR
Address: 11328 RIDGE ROAD, SUITE 78
City-St-Zip: NEW PORT RICHEY, FL 34654 US

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 Statues.

SIGNATURE: DARIUS D ARNOLD MGR 04/29/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date