

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000010348

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** MEDCODING ASSOCIATES, LLC

**Current Principal Place of Business:**

18939 NW 86TH AVE #3205  
HIALEAH, FL 33015

**New Principal Place of Business:**

18939 NW 86TH AVE  
3205  
HIALEAH, FL 33015

**Current Mailing Address:**

18939 NW 86TH AVE #3205  
HIALEAH, FL 33015

**New Mailing Address:**

18939 NW 86TH AVE  
3205  
HIALEAH, FL 33015

**FEI Number:** 26-4313395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MELENDEZ, DARLING E  
18939 NW 86TH AVE #3205  
HIALEAH, FL 33015 US

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

MELENDEZ, DARLING E  
18939 NW 86TH AVE  
3205  
HIALEAH, FL 33015 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: JUAN M. ROMAN, JR.

01/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MELENDEZ, DARLING E  
Address: 18939 NW 86TH AVE #3205  
City-St-Zip: HIALEAH, FL 33015

Title: MGRM  
Name: ROMAN, JUAN M JR.  
Address: 18939 NW 86TH AVE #3205  
City-St-Zip: HIALEAH, FL 33015

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: JUAN M. ROMAN JR.

MGRM

01/25/2011

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