

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000025287

FILED
Apr 23, 2011
Secretary of State

Entity Name: T & T CLAIMS SERVICES HME / DME BILLING, LLC

Current Principal Place of Business:

3651 TURTLE RUN BLVD
821
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 670452
CORAL SPRINGS, FL 33067 US

New Mailing Address:

FEI Number: 80-0267836 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROWN, TREPHENE C
3651 TURTLE RUN BLVD
821
CORAL SPRINGS, FL 33067 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: BROWN, TREPHENE C
Address: PO BOX 670452
City-St-Zip: CORAL SPRINGS, FL 33067

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: TREPHENE BROWN

MGRM

04/23/2011

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