

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000088069

**FILED  
Mar 09, 2011  
Secretary of State**

**Entity Name:** MEDICAL BILLING RECOVERY SPECIALISTS LLC

**Current Principal Place of Business:**

2161 PALM BEACH LAKES BLVD.  
217  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

2161 PALM BEACH LAKES BLVD.  
217  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number:** 27-3358302      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

PORT, DAVID H  
2161 PALM BEACH LLAKES BLVD.  
217  
WEST PALM BEACH, FL 33409 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:** PORT, DAVID H  
**Address:** 2161 PALM BEACH LAKES BLVD  
**City-St-Zip:** WEST PALM BEACH, FL 33409

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 H PORT

MGRM

03/09/2011

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