

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000129555

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** EMERALD COAST MEDICAL BILLING SOLUTIONS, LLC

**Current Principal Place of Business:**

11 RACETRACK RD.  
SUITE E-3  
FORT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

11 RACETRACK RD.  
SUITE E-3  
FORT WALTON BEACH, FL 32547 US

**New Mailing Address:**

**FEI Number:** 45-3824860      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KIICK, TIFFANY  
11 RACETRACK RD  
SUITE E-3  
FORT WALTON BEACH, FL 32547 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:** DRESS, KELLIE  
**Address:** 11 RACETRACK RD. SUITE E-3  
**City-St-Zip:** FORT WALTON BEACH, FL 32547 US

**Title:** MGRM  
**Name:** KIICK, TIFFANY  
**Address:** 11 RACETRACK RD. SUITE E-3  
**City-St-Zip:** FORT WALTON BEACH, FL 32547 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 Statutes.

SIGNATURE: KELLIE DRESS

MGR

04/25/2012

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