

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000033203

**FILED**  
**Apr 11, 2010**  
**Secretary of State**

**Entity Name:** PJM MEDICAL BILLING, L.L.C.

**Current Principal Place of Business:**

2918 WINDRIDGE DRIVE  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

2918 WINDRIDGE DRIVE  
HOLIDAY, FL 34691

**New Mailing Address:**

**FEI Number:** 26-2292355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTIN, PATRICIA V  
2918 WINDRIDGE DRIVE  
HOLIDAY, FL 34691 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: MARTIN, PATRICIA V  
Address: 2918 WINDRIDGE DRIVE  
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM  
Name: MARTIN, WILLIAM J  
Address: 2918 WINDRIDGE DRIVE  
City-St-Zip: HOLIDAY, FL 34691

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: PATRICIA V. MARTIN

MGRM

04/11/2010

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