

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000092813

**FILED**  
**Mar 21, 2013**  
**Secretary of State**  
**CC5597933274**

**Entity Name:** MEDICARE ACCOUNTABILITY REIMBRUSEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

912 JACKSON ST N  
ST. PETERSBURG, FL 33705

**Current Mailing Address:**

912 JACKSON ST N  
ST. PETERSBURG, FL 33705

**FEI Number:** 20-2115682

**Certificate of Status Desired:** No

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

HART, JEANNINE  
546 26TH AVENUE NORTH  
ST. PETERSBURG, FL 33704-2830 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	HART, JEANNINE	Name	HART, RICHARD
Address	546 26TH AVENUE NORTH	Address	546 26TH AVENUE NORTH
City-State-Zip:	ST. PETERSBURG FL 33704-2830	City-State-Zip:	ST. PETERSBURG FL 33704-2830

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: JEANNINE HART

OWNER/MGR

03/21/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date