

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000129555

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 45-3824860

**Certificate of Status Desired:** Yes

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

DRESS, KELLIE  
11 RACETRACK RD  
SUITE E-3  
FORT WALTON BEACH, FL 32547 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:** KELLIE DRESS

02/14/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DRESS, KELLIE  
Address 11 RACETRACK RD. SUITE E-3  
City-State-Zip: FORT WALTON BEACH FL 32547

*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:** KELLIE DRESS

MGRM

02/14/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date