

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000052

FILED
Mar 23, 2009
Secretary of State

Entity Name: PHYSICIAN REVENUE SOLUTIONS, LLC

Current Principal Place of Business:

5308 MAIN STREET
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

5509 GRAND BLVD (SUITE 203)
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

5308 MAIN STREET
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

5509 GRAND BLVD (SUITE 203)
NEW PORT RICHEY, FL 34652 US

FEI Number: 51-0441039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAPPAS, GEORGE G
1822 NORTH BELCHER ROAD
SUITE 200
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

ARMERO, JACK A
5509 GRAND BLVD
SUITE 203
NEW PORT RICHEY, FL 34652 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: JACK A ARMERO

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARMERO, KARIN
Address: 5308 MAIN STREET
City-St-Zip: NEW PORT RICHEY, FL 34652 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARMERO, KARIN
Address: 5509 GRAND BLVD (SUITE 203)
City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KARIN ARMERO

MGRM

03/23/2009

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