

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029189

FILED
Apr 28, 2009
Secretary of State

Entity Name: FLORIDA WEST COAST MEDICAL BILLING, L.L.C.

Current Principal Place of Business:

10550 78TH ST
STE 503
LARGO, FL 33777

New Principal Place of Business:

8839 BRYAN DAIRY RD
STE 215
LARGO, FL 33777

Current Mailing Address:

P. O BOX 7048
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 86-1076199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, CHARLES
10550 78TH ST
STE 503
LARGO, FL 33777 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: MGR () Delete
Name: FRIEDMAN, CHARLES K
Address: P O BOX 7048
City-St-Zip: SEMINOLE, FL 33775

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES K. FRIEDMAN

MGR

04/28/2009

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