

# 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