

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029189

FILED
Apr 27, 2011
Secretary of State

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

Current Principal Place of Business:

8839 BRYAN DAIRY RD
STE 215
LARGO, FL 33777

New Principal Place of Business:

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
8839 BRYAN DAIRY RD
STE 215
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
Name: FRIEDMAN, CHARLES K
Address: P O BOX 7048
City-St-Zip: SEMINOLE, FL 33775

I hereby 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

04/27/2011

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