2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076306

Address:

Entity Name: ADVANCED CLAIM SOLUTION, LLC

FILED Mar 31, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2062 S.E. WILD MEADOW CIRCLE 14346 83RD LANE N.

PORT ST. LUCIE, FL 34983 LOXAHATCHEE, FL 33470 US

Current Mailing Address: New Mailing Address:

10130 NORTHLAKE BLVD. P.O. BOX 7338

PORT ST. LUCIE, FL 34985 US SUITE 214 - #251

WEST PALM BEACH, FL 33470 US

FEI Number: 20-3664577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROCHE, JOSEPH P ROCHE, JOSEPH P 2062 S.É. WILD MEADOW CIRCLE 14346 83RD LANE N.

PORT ST. LUCIE, FL 34983 LOXAHATCHEE, FL 33470 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: JOSEPH ROCHE 03/31/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change () Addition ROCHE, JOSEPH ROCHE, JOSEPH Name: Name:

Address: 2062 S.E. WILD MEADOW CIRCLE Address: 14346 83RD LANE N

City-St-Zip: PORT ST. LUCIE, FL 34983 US City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGR Title: () Change () Addition () Delete Name:

CRUZ, PAULINE Name: **8A THISTLE WAY** Address: BROAD BROOK, CT 06016 US City-St-Zip: 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: JOSEPH ROCHE 03/31/2008