2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045097

Entity Name: PROCLAIMS MEDICAL BILLING SERVICE, LLC.

FILED Aug 21, 2007 Secretary of State

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

2118 CORAL CREEK DRIVE PENSACOLA, FL 32506 US

Current Mailing Address: New Mailing Address:

2118 CORAL CREEK DRIVE PENSACOLA, FL 32506 US

FEI Number: 20-4831054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MAY, LANDA MAY, YOLANDA Y

2118 CORAL CREEK DRIVE 2118 CORAL CREEK DRIVE PENSACOLA, FL 32506 US PENSACOLA, FL 32506 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: YOLANDA Y MAY 08/21/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 MAY, LANDA
 Name:
 MAY, YOLANDA Y

 Address:
 2118 CORAL CREEK DRIVE
 Address:
 2118 CORAL CREEK DRIVE

 City-St-Zip:
 PENSACOLA, FL 32506 US
 City-St-Zip:
 PENSACOLA, FL 32506 US

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

 Name:
 MAY, DEAN B
 Name:

 Address:
 2118 CORAL CREEK DRIVE
 Address:

 City-St-Zip:
 PENSACOLA, FL 32506 FL
 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: YOLANDA Y MAY MGRM 08/21/2007