

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000045097

**FILED**  
**Jun 13, 2011**  
**Secretary of State**

**Entity Name:** PROCLAIMS MEDICAL BILLING SERVICE, LLC.

**Current Principal Place of Business:**

1817 N 58TH AVE  
PENSACOLA, FL 32506 US

**New Principal Place of Business:**

7400 VIVER NELL LANE  
PENSACOLA, FL 32526 US

**Current Mailing Address:**

1817 N 58TH AVE  
PENSACOLA, FL 32506 US

**New Mailing Address:**

7400 VIVER NELL LANE  
PENSACOLA, FL 32526 US

**FEI Number:** 20-4831054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAY, YOLANDA Y  
1817 N 58TH AVE  
PENSACOLA, FL 32506 US

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

MAY, YOLANDA Y  
7400 VIVER NELL LANE  
PENSACOLA, FL 32526 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:

06/13/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MAY, YOLANDA Y  
Address: 7400 VIVER NELL LANE  
City-St-Zip: PENSACOLA, FL 32526 US

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: YOLANDA MAY

MGRM

06/13/2011

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