

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045097

FILED
Aug 28, 2012
Secretary of State

Entity Name: PROCLAIMS MEDICAL BILLING SERVICE, LLC.

Current Principal Place of Business:

7400 VIVER NELL LANE
PENSACOLA, FL 32526 US

New Principal Place of Business:

Current Mailing Address:

7400 VIVER NELL LANE
PENSACOLA, FL 32526 US

New Mailing Address:

P.O. BOX 37115
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
7400 VIVER NELL LANE
PENSACOLA, FL 32526 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: 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 Y MAY

MGRM

08/28/2012

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