2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# L06000050068

Entity Name: CMB MEDICAID SPECIALIST, LLC

Current Principal Place of Business:

4883 LOMBARD PASS DR
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

4883 LOMBARD PASS DR
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 72-1616933 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNES, CARLETTA
4883 LOMBARD PASS DR.
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

BARNES, CARLETTA M
4883 LOMBARD PASS DR.
LAKE WORTH, FL 33463 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: CARLETTA M. BARNES 04/28/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BARNES, CARLETTA
Address: 4883 LOMBARD PASS DR
City-St-Zip: LAKE WORTH, FL 33463 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BARNES, CARLETTA M
Address: 4883 LOMBARD PASS DR
City-St-Zip: LAKE WORTH, FL 33463 US

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: CARLETTA M. BARNES MGRM 04/28/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date