

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069376

Entity Name: ACURATE MEDICAL BILLING LLC

FILED
Jan 28, 2008
Secretary of State

Current Principal Place of Business:

1806 STERLING PALMS COURT
204
BRANDON, FL 33511 US

Current Mailing Address:

P.O. BOX 4443
BRANDON, FL 33509 US

New Principal Place of Business:

4014 W WATERS AVE
1302
TAMPA, FL 33614 US

New Mailing Address:

4014 W WATERS AVE
1302
TAMPA, FL 33614

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, LUIS R MGRM
1806 STERLING PALMS COURT
204
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

ROSA, CASTELLANOS
4014 W WATERS AVE
1302
TAMPA, FL 33614 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: ROSA CASTELLANOS

01/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASTELLANOS, ROSA
Address: 1806 STERLING PALMS COURT #204
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM () Delete
Name: VALDES, LUIS R
Address: 1806 STERLING PALMS COURT #204
City-St-Zip: BRANDON, FL 33511 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CASTELLANOS, ROSA
Address: 4014 W WATERS AVE # 1302
City-St-Zip: TAMPA, FL 33614 US

Title: () Change () Addition
Name:
Address:
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: ROSA CASTELLANOS

CEO

01/28/2008

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