

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083096

Entity Name: MEDICODER CONSULTANTS,LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

600 NORTH THACKER AVE
SUITE B11
KISSIMMEE, FL 34741

New Principal Place of Business:

600 NORTH THACKER AVE
SUITE D49
KISSIMMEE, FL 34741

Current Mailing Address:

PO BOX 420204
KISSIMMEE, FL 34742

New Mailing Address:

FEI Number: 20-5379814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, ARIADY
1745 TANGLEWOOD DRIVE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

SUAREZ, ARIADY
600 N THACKER AVE
SUITE D49
KISSIMMEE, FL 34741 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:

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SUAREZ, ARIADY
Address: 1745 TANGLEWOOD DRIVE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SUAREZ, ARIADY
Address: 600 N THACKER AVE STE D49
City-St-Zip: KISSIMMEE, FL 34741

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: ARIADY SUAREZ

MGR

01/08/2009

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