

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000085064

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** ACCURATE BILLING COMPANY, LLC

**Current Principal Place of Business:**

14194 FALL CREEK COURT  
NAPLES, FL 34114

**New Principal Place of Business:**

**Current Mailing Address:**

878 109TH AVENUE NORTH  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 20-5456326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUSSO, MARK MD  
878 109TH AVE NO STE 2  
NAPLES, FL 34108 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: MGR  
Name: RUSSO, MARK S  
Address: 878 109TH AVENUE NORTH  
City-St-Zip: NAPLES, FL 34108

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: MARK S. RUSSO, MD, PHD

MGR

01/17/2011

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