

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107799

FILED
Apr 30, 2009
Secretary of State

Entity Name: MEDICAL BILLING SERVICES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

711 BUSINESS PARK BLVD
SUITE 105
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

6665 FESTIVAL LN
ORLANDO, FL 32818 US

Current Mailing Address:

6665 FESTIVAL LN
ORLANDO, FL 32818 US

New Mailing Address:

FEI Number: 20-5850834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODELL, FELICIA B
214 N BOYD ST
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

GOODELL, LUANN K
6665 FESTIVAL LN
ORLANDO, FL 32818 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: LUANN K GOODELL

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOODELL, FELICIA
Address: 214 N BOYD ST
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: MGRM () Delete
Name: GOODELL, LUANN
Address: 6665 FESTIVAL LN
City-St-Zip: ORLANDO, FL 32818 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LUANN K GOODELL

MGRM

04/30/2009

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