

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107799

FILED
Mar 23, 2011
Secretary of State

Entity Name: MEDICAL BILLING SERVICES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

6665 FESTIVAL LN
ORLANDO, FL 32818 US

New Principal Place of Business:

509 NICOLE BLVD
OCOE, FL 34761 US

Current Mailing Address:

6665 FESTIVAL LN
ORLANDO, FL 32818 US

New Mailing Address:

509 NICOLE BLVD
OCOE, FL 34761 US

FEI Number: 20-5850834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GOODELL, LUANN K
509 NICOLE BLVD
OCOE, FL 34761 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

03/23/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GOODELL, FELICIA
Address: 13432 DANIELS LANDING CR
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: MGRM
Name: GOODELL, LUANN
Address: 509 NICOLE BLVD
City-St-Zip: OCOE, FL 34761 US

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: LUANN GOODELL

MGRM

03/23/2011

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