

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000107880

**FILED**  
**Sep 26, 2012**  
**Secretary of State**

**Entity Name:** CAPITAL MEDICAL BILLING, LLC

**Current Principal Place of Business:**

2477 TIM GAMBLE PLACE  
SUITE 201  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

2910 CAPITAL MEDICAL BLVD  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

6708 DONERAIL TRAIL  
TALLAHASSEE, FL 323091602

**New Mailing Address:**

**FEI Number:** 20-5839856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPAHR, GARRY L  
6708 DONERAIL TRAIL  
TALLAHASSEE, FL 323091602 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: MGRM  
Name: SPAHR, GARRY L  
Address: 6708 DONERAIL TRAIL  
City-St-Zip: TALLAHASSEE, FL 323091602

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: GARRY L SPAHR

MGRM

09/26/2012

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