

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113490

FILED
Apr 10, 2008
Secretary of State

Entity Name: EMD MEDICAL BILLING SOLUTIONS, LLC

Current Principal Place of Business:

10633 FALLS STREET
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

10633 FALLS STREET
WELLINGTON, FL 33414

New Mailing Address:

PO BOX 212437
WEST PALM BEACH, FL 33421 US

FEI Number: 20-5940544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DINH, NHAN T
10633 FALLS STREET
WELLINGTON, FL 33414 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 () Delete
Name: DINH, NHAN T
Address: 10633 FALLS STREET
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

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: NHAN DINH

MGR

04/10/2008

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