2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2008
Secretary of State

DOCUMENT# L07000023392

Entity Name: ASSOCIATION OF HEALTH CARE BILLING & REIMBURSEMENT, LLC

Current Principal Place of Business:

17940 LOXAHATCHEE RIVER ROAD
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

17940 LOXAHATCHEE RIVER ROAD
JUPITER, FL 33458 US

New Mailing Address:

PO BOX 2396
JUPITER, FL 33468 US

FEI Number: 75-3236278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

D'LOUGHY, JAMES ESQ.
2855 PGA BLVD.
SUITE #200
PALM BEACH GARDENS, FL 33410 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 ( ) Delete
Name: DEWEY, JULIE ANN
Address: 17940 LOXAHATCHEE RIVER ROAD
City-St-Zip: JUPITER, FL 33458 US

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: JULIE ANN DEWEY MGRM 02/02/2008

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