

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023392

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**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:**

PO BOX 2396  
JUPITER, FL 33468 US

**New Mailing Address:**

**FEI Number:** 20-8734163

**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:** MGRM (X) Change ( ) Addition  
**Name:** KEMMAN, JULIE ANN  
**Address:** 17940 LOXAHATCHEE RIVER ROAD  
**City-St-Zip:** JUPITER, FL 33458 US

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 KEMMAN

MGRM

03/23/2009

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