

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023392

FILED
Apr 29, 2010
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:

7970 134TH STREET
SEBASTIAN, FL 32958 US

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 (X)

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
Name: KEMMAN, JULIE ANN
Address: 7970 134TH STREET
City-St-Zip: SEBASTIAN, FL 32958 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: JULIE ANN KEMMAN

MGRM

04/29/2010

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