

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023392

FILED
Mar 13, 2012
Secretary of State

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

Current Principal Place of Business:

4007 BALDWIN DRIVE
MICCO, FL 32976 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
Name: KEMMAN, JULIE ANN
Address: 4007 BALDWIN DRIVE
City-St-Zip: MICCO, FL 32976 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

03/13/2012

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