

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038543

FILED
May 13, 2008
Secretary of State

Entity Name: MEDICAID FILING SERVICES, LLC

Current Principal Place of Business:

2655 MCCORMICK DR., SUITE 214
CLEARWATER, FL 33759

New Principal Place of Business:

111 N. BELCHER RD.
#202
CLEARWATER, FL 33765

Current Mailing Address:

2655 MCCORMICK DR., SUITE 214
CLEARWATER, FL 33759

New Mailing Address:

521 MANDALAY AVE.
#202
CLEARWATER, FL 33767

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OLIVER, ROBERT
4805 W. LAUREL ST., SUITE 230
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

OLIVER, ROBERT T
521 MANDALAY AVE PH 1210
#202
CLEARWATER, FL 33767 US

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: ROBERT T. OLIVER

05/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OLIVER, ROBERT T
Address: 521 MANDALAY AVE., #1210
City-St-Zip: CLEARWATER, FL 33767

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: ROBERT T. OLIVER

MGRM

05/13/2008

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