

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038543

FILED
Apr 06, 2009
Secretary of State

Entity Name: MEDICAID FILING SERVICES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

521 MANDALAY AVE.
#202
CLEARWATER, FL 33767

New Mailing Address:

1245 COURT ST.
#102
CLEARWATER, FL 33756

FEI Number: 20-8815368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

MEMB

04/06/2009

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