

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078878

FILED
Jan 17, 2008
Secretary of State

Entity Name: CONSOLIDATED PATIENT FINANCIAL SOLUTIONS, LLC

Current Principal Place of Business:

813 WOODCARVER LANE
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:
813 WOODCARVER LANE
BRANDON, FL 33510

New Mailing Address:

FEI Number: 26-0645798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIETERS, CARIN
813 WOODCARVER LANE
BRANDON, FL 33510 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: WIETERS, BOB
Address: BOX 901
City-St-Zip: BALL, LA 714059785

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WIETERS, CARIN D PRES
Address: 813 WOODCARVER LANE
City-St-Zip: BRANDON, FL 33510 US

Title: MGRM () Change (X) Addition
Name: WIETERS, BOB H VP
Address: 60 WHITTINGTON DRIVE
City-St-Zip: PINEVILLE, LA 71360 US

Title: MGRM () Change (X) Addition
Name: UNITED AUDIT SYSTEMS, , INC.
Address: 360 GEST STREET
City-St-Zip: CINCINNATI, OH 45203 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: CARIN D WIETERS

PRES

01/17/2008

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