

# 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