2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078878

FILED Jan 22, 2009 Secretary of State

Entity Name: CONSOLIDATED PATIENT FINANCIAL SOLUTIONS, LLC

New Principal Place of Business: Current Principal Place of Business: 813 WOODCARVER LANE BRANDON, FL 33510 **Current Mailing Address: New Mailing Address:** 813 WOODCARVER LANE BRANDON, FL 33510 FEI Number: 26-0645798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WIETERS, CARIN 813 WOODCARVER LANE BRANDON, FL 33510 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WIETERS, CARIN D PRES Name: Name: Address: 813 WOODCARVER LANE Address: City-St-Zip: BRANDON, FL 33510 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WIETERS, BOB H VP Name: Address: 60 WHITTINGTON DRIVE Address: City-St-Zip: PINEVILLE, LA 71360 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition UNITED AUDIT SYSTEMS, , INC. Name: Name: Address: 360 GEST STREET Address: City-St-Zip: CINCINNATI, OH 45203 US 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: CARIN D. WIETERS MGRM 01/22/2009