2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2011
Secretary of State

DOCUMENT# L07000078878

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, JEFF B PRES
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
Name: WIETERS, JEFF B P
Address: 813 WOODCARVER LANE
City-St-Zip: BRANDON, FL 33510 US

I hereby 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 Statues.

SIGNATURE: JEFF B WIETERS P 03/06/2011

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