

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104349

FILED
Jan 04, 2008
Secretary of State

Entity Name: MAXIMUM MEDICAL BILLING, LLC

Current Principal Place of Business:

4652 KARSTEN CREEK DRIVE
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

4652 KARSTEN CREEK DRIVE
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: MICCICHE, FRANK
Address: 4652 KARSTEN CREEK DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: S () Delete
Name: MICCICHE, FRANK
Address: 4652 KARSTEN CREEK DRIVE
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANK V MICCICHE MGR 01/04/2008

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