

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109970

FILED
Jun 15, 2009
Secretary of State

Entity Name: HEALTHPLAN BILLING, LLC

Current Principal Place of Business:

19495 BISCAYNE BLVD.
SUITE 604
AVENTURA, FL 33180 US

New Principal Place of Business:

19495 BISCAYNE BLVD.
SUITE 705
AVENTURA, FL 33180 US

Current Mailing Address:

19495 BISCAYNE BLVD.
SUITE 604
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 26-1332638 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VALINSKY, JAY
750 SOUTHEAST THIRD AVENUE, SUITE 100
FT. LAUDERDALE, FL 333161153 US

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: CINERGY HEALTH, INC.
Address: 19495 BISCAYNE BLVD.
City-St-Zip: SUITE 604, FL AVENTURA US

ADDITIONS/CHANGES:

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: HOWARD MARKOWITZ

MGR

06/15/2009

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