

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000109970

**Entity Name:** HEALTHPLAN BILLING, LLC

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

19495 BISCAYNE BLVD.  
SUITE 705  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

10251 W. OAKLAND PARK BLVD.  
SUNRISE, FL 33351 US

**Current Mailing Address:**

19495 BISCAYNE BLVD.  
SUITE 604  
AVENTURA, FL 33180 US

**New Mailing Address:**

10251 W. OAKLAND PARK BLVD.  
SUNRISE, FL 33351 US

**FEI Number:** 26-1332638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALINSKY, JAY  
750 SOUTHEAST THIRD AVENUE, SUITE 100  
FT. LAUDERDALE, FL 333161153 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: CINERGY HEALTH, INC.  
Address: 19495 BISCAYNE BLVD.  
City-St-Zip: SUITE 604, FL AVENTURA 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 Statutes.

SIGNATURE: HOWARD MARKOWITZ

CFO

04/02/2010

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