

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111436

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

**Entity Name:** ACCURATE & RELIABLE MEDICAL BILLING, LLC

**Current Principal Place of Business:**

3680 INAGUA AVE.  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

3680 INAGUA AVE.  
NORTH PORT, FL 34286

**New Mailing Address:**

FEI Number: 26-1343882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHERL, JENNIFER  
3680 INAGUA AVENUE  
NORTH PORT, FL 34286 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 ( ) Delete  
Name: JOHERL, JENNIFER L  
Address: 3680 INAGUA AVENUE  
City-St-Zip: NORTH PORT, FL 34286

**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: JENNIFER JOHERL

MGR

04/17/2009

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