

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111436

FILED
Feb 16, 2011
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
Name: JOHERL, JENNIFER L
Address: 3680 INAGUA AVENUE
City-St-Zip: NORTH PORT, FL 34286

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: JENNIFER JOHERL

MGR

02/16/2011

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