

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017235

Entity Name: ARSALA MEDICAL BILLING, LLC

FILED  
Mar 16, 2009  
Secretary of State

## Current Principal Place of Business:

2867 SWEETSPIRE CIRCLE  
KISSIMMEE, FL 34746

## New Principal Place of Business:

2818 OSPREY COVE PL  
APT # 103  
KISSIMMEE, FL 34746

## Current Mailing Address:

3275 S JOHN YOUNG PARKWAY  
# 201  
KISSIMMEE, FL 34746

## New Mailing Address:

FEI Number: 26-1976084      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MESHEDI, FAISAL R  
2867 SWEETSPIRE CIRCLE  
KISSIMMEE, FL 34746 US

## Name and Address of New Registered Agent:

MESHEDI, FAISAL R  
2818 OSPREY COVE PL  
APT # 103  
KISSIMMEE, FL 34746 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:

03/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MESHEDI, FAISAL R  
Address: 3275 S JOHN YOUNG PARKWAY # 201  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGR ( ) Delete  
Name: MESHEDI, ARSALA F  
Address: 3275 S JOHN YOUNG PARKWAY # 201  
City-St-Zip: KISSIMMEE, FL 34746

## 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: FAISAL MESHEDI

MGR

03/16/2009

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