

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017235

FILED
Mar 16, 2009
Secretary of State

Entity Name: ARSALA MEDICAL BILLING, LLC

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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