

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026454

FILED
Apr 26, 2009
Secretary of State

Entity Name: NATIONAL MEDICAL BILLING CONSOLIDATED LLC

Current Principal Place of Business:

10712 CORY LAKE DRIVE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

10712 CORY LAKE DRIVE
TAMPA, FL 33647

New Mailing Address:

FEI Number: 26-2814728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INFOCUS HEALTHCARE SYSTEMS, LLC
10712 CORY LAKE DRIVE
TAMPA, FL 33647 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: MGR () Delete
Name: INFOCUS HEALTHCARE SYSTEMS LLC
Address: 10712 CORY LAKE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: SPIRO, ALEXANDER C
Address: 10712 CORY LAKE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: SPIRO, LAURA V
Address: 10712 CORY LAKE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: SPIRO, JOEL
Address: 12 BIXBY COURT
City-St-Zip: NORTHAMPTON, MA 01060

Title: MGRM () Delete
Name: BAILEY, LEIGH
Address: 12 BIXBY COURT
City-St-Zip: NORTHAMPTON, MA 01060

ADDITIONS/CHANGES:

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

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

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

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: ALEXANDER CYRIL SPIRO

CEO

04/26/2009

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