

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029460

FILED
Jan 29, 2009
Secretary of State

Entity Name: PHYSICIANS 1ST MEDICAL BILLING SERVICE, LLC

Current Principal Place of Business:

8317 FRONT BEACH ROAD STE 33
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

8317 FRONT BEACH ROAD
SUITE 33
PANAMA CITY BEACH, FL 32407

Current Mailing Address:

PO BOX 36265
PANAMA CITY, FL 32412

New Mailing Address:

FEI Number: 26-2604116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAMUELIAN, MARTHA L
3739 PRESERVE BAY BLVD
PANAMA CITY BEACH, FL 32408 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: SAMUELIAN, MARTHA L
Address: 3739 PRESERVE BAY BLVD.
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGRM () Delete
Name: JERNIGAN, SUSAN M
Address: 2519 SOUTH GORNALL AVENUE
City-St-Zip: PANAMA CITY, FL 32405

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: SUSAN M JERNIGAN

MGRM

01/29/2009

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