2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2011
Secretary of State

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Entity Name: WEST COAST MEDICAL BILLING, LLC

Current Principal Place of Business:

4444 GULFSIDE DR.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4444 GULFSIDE DR.
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 26-2199576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARRIGA, DEBORAH M
4444 GULFSIDE DR.
NEW PORT RICHEY, FL 34652 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
Name: GARRIGA, DEBORAH M
Address: 4444 GULFSIDE DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

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 Statues.

SIGNATURE: DEBORAH M. GARRIGA MGR 02/08/2011

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