

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000036305

**FILED**  
**Mar 04, 2012**  
**Secretary of State**

**Entity Name:** WEST COAST MEDICAL BILLING, LLC

**Current Principal Place of Business:**

4150 U.S. HIGHWAY 19-N  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

4444 GULFSIDE DR.  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

4150 U.S. HIGHWAY 19-N  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

4444 GULFSIDE DR.  
NEW PORT RICHEY, FL 34652

**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 DRIVE  
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 Statutes.

SIGNATURE: DEBORAH M. GARRIGA

MGR

03/04/2012

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