

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000058139

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL BILLING "LLC"

**Current Principal Place of Business:**

1880 SW 11 STREET  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

1880 SW 11 STREET  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 26-2825563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALVICINO, JESSICA  
1880 SW 11 STREET  
MIAMI, FL 33135 US

**Name and Address of New Registered Agent:**

MALVICINO, JESSICA  
1880 SW 11 STREET  
MIAMI, FL 33135 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: JESSICA MALVICINO

05/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MALVICINO, JESSICA  
Address: 1880 SW 11 STREET  
City-St-Zip: MIAMI, FL 33135

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: JESSICA MALVICINO

MGRM

05/01/2011

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