

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058725

FILED  
Jun 24, 2009  
Secretary of State

**Entity Name:** HERALD PARTNERS GEORGIA, LLC

**Current Principal Place of Business:**

MEDICAL BUSINESS SERVICE, INC.  
2555 PONCE DE LEON BLVD., 4TH FLOOR  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

MEDICAL BUSINESS SERVICE, INC.  
2555 PONCE DE LEON BLVD., 4TH FLOOR  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HERALD, THOMAS J  
Address: 2555 PONCE DE LEON BLVD., 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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: THOMAS HERALD

MGR

06/24/2009

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