

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069048

FILED
Apr 19, 2011
Secretary of State

Entity Name: OPTIMUM MEDICAL BILLING & RECOVERY, LLC

Current Principal Place of Business:

180 PARK AVENUE NORTH
SUITE 2A
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

180 PARK AVENUE NORTH
SUITE 2A
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 26-3039557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JK PARK, LLC
180 PARK AVENUE NORTH
SUITE 2A
WINTER PARK, FL 32789 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
Name: JK PARK, LLC
Address: 180 PARK AVENUE N. SUITE 2A
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM
Name: MORGAN, PATRICIA
Address: 611 GAINES WAY
City-St-Zip: WINTER PARK, FL 32789

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: KATHY MCCOY

MGRM

04/19/2011

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