2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# L08000080168

Entity Name: DIAMOND PHYSICIANS BILLING SERVICES, LLC

Current Principal Place of Business:

5310 N.W. 33RD AVENUE
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

5310 N.W. 33RD AVENUE
#218
FT. LAUDERDALE, FL 33309

Current Mailing Address:

5310 N.W. 33RD AVENUE
FT. LAUDERDALE, FL 33309

New Mailing Address:

5310 N.W. 33RD AVENUE
#218
FT. LAUDERDALE, FL 33309

FEI Number: 26-3224398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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 ( ) Delete
Name: MCH PEDIATRICS, LLC
Address: 5310 N.W. 33RD AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: GOLBERG, PAUL
Address: 5130 N W 33RD AVE.,#218
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: CMO ( ) Change (X) Addition
Name: CAPOTE, MAYRA
Address: 5310 N W 33RD AVE #218
City-St-Zip: FORT LAUDERDALE, FL 33309

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: MAYRA CAPOTE MD CMO 06/29/2009

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