

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000087707

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** MATRIX BILLING SERVICES, LLC

**Current Principal Place of Business:**

5706 BENJAMIN CENTER DR  
STE 103  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

5706 BENJAMIN CENTER DR  
STE 103  
TAMPA, FL 33634

**New Mailing Address:**

**FEI Number:** 26-3367856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEINBREN, DON B ESQ  
101 E KENNEDY BLVD  
STE 2700  
TAMPA, FL 33602 US

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

CARDY, THOMAS W  
5706 BENJAMIN CENTER DRIVE  
STE. 103  
TAMPA, FL 33634 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: THOMAS W CARDY

04/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MATRIX HEALTHCARE SERVICES, INC.  
Address: 5706 BENJAMIN CENTER DR, SUITE 103  
City-St-Zip: TAMPA, FL 33634 US

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: THOMAS W CARDY

CFO

04/01/2010

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