

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100266

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: ASCEND MEDICAL BILLING LLC

**Current Principal Place of Business:**

14610 MONDAVI CT  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

14610 MONDAVI CT  
TAMPA, FL 33626

**New Mailing Address:**

FEI Number: 26-4293190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATEL, MANISHA H  
14610 MONDAVI CT  
TAMPA, FL 33626 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: PATEL, MANISHA H  
Address: 14610 MONDAVI CT  
City-St-Zip: TAMPA, FL 33626  
  
Title: MGRM ( ) Delete  
Name: MOHAN, SRIDEVI  
Address: 16816 LECLARE SHORES DR  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
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: MP

PRE

03/31/2009

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