

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 30, 2010  
Secretary of State**

DOCUMENT# L08000100266

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  
Name: PATEL, MANISHA H  
Address: 14610 MONDAVI CT  
City-St-Zip: TAMPA, FL 33626

Title: MGRM  
Name: MOHAN, SRIDEVI  
Address: 16608 ASHTON GREEN DRIVE  
City-St-Zip: LUTZ, FL 33558

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: MANISHA PATEL

MGR

03/30/2010

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