

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106995

FILED  
Sep 01, 2009  
Secretary of State

Entity Name: PRECISE MED BILLING, LLC

**Current Principal Place of Business:**

11549 SW 6 ST  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

11549 SW 6 ST  
MIAMI, FL 33174

**New Mailing Address:**

FEI Number: 26-3891134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CAMPOS, CRISTY  
11549 SW 6 ST  
MIAMI, FL 33174 US

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

HUETE, CRISTY  
11549 SW 6 ST  
MIAMI, FL 33174 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: CRISTY HUETE

09/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CAMPOS, CRISTY  
Address: 11549 SW 6 ST  
City-St-Zip: MIAMI, FL 33174

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HUETE, CRISTY  
Address: 11549 SW 6 ST  
City-St-Zip: MIAMI, FL 33174

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: CRISTY HUETE

PRES

09/01/2009

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