

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115430

FILED
May 07, 2010
Secretary of State

Entity Name: PROVIDER'S CHOICE MEDICAL BILLING, LLC

Current Principal Place of Business:

1342 COLONIAL BLVD BLDG. E, SUITE 33
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

1342 COLONIAL BLVD BLDG. E, SUITE 33
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 26-3910042 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BATES, RONALD
Address: 11018 MILL CREEK WAY 2502
City-St-Zip: FORT MYERS, FL 33913

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: RONALD D BATES

MGRM

05/07/2010

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