

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115430

FILED
Jan 04, 2011
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:

1342 COLONIAL BLVD BLDG. E, SUITE 38A
FORT MYERS, FL 33907

Current Mailing Address:

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

New Mailing Address:

1342 COLONIAL BLVD BLDG. E, SUITE 38A
FORT MYERS, FL 33907

FEI Number: 26-3910042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: BATES, RONALD
Address: 1810 E PALM AVE 6202
City-St-Zip: TAMPA, FL 33605

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

01/04/2011

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