

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000012691

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED MEDICAL BILLING USA, LLC

**Current Principal Place of Business:**

6108 VILLAGE OAKS DRIVE  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

6108 VILLAGE OAKS DRIVE  
PENSACOLA, FL 32504

**New Mailing Address:**

**FEI Number:** 26-3424936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BIAS, PATRICE  
5267 RUBENS WAY  
MILTON, FL 32570 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:** MGR  
**Name:** BIAS, PATRICE  
**Address:** 5267 RUBENS WAY  
**City-St-Zip:** MILTON, FL 32570

**Title:** MGR  
**Name:** ANDREWS, WALLACE C JR  
**Address:** 4285 DANAMAR DRIVE  
**City-St-Zip:** PENSACOLA, FL 32504

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:** PATRICE BIAS

MGR

03/18/2010

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