

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000014929

FILED
Jan 20, 2010
Secretary of State

Entity Name: HEALTHCARE PAYMENT SOLUTIONS, LLC

Current Principal Place of Business:

7340 N US HIGHWAY 27, SUITE 211
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

7340 N US HIGHWAY 27, SUITE 211
OCALA, FL 34482

New Mailing Address:

FEI Number: 26-4314624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMANUS, TERRY R
7340 N US HIGHWAY 27, SUITE 211
OCALA, FL 34482 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: MCMANUS, TERRY R
Address: 7340 N US HIGHWAY 27, SUITE 211
City-St-Zip: Ocala, FL 34482

Title: MGRM
Name: PINELLI, BROCK
Address: 7340 N US HIGHWAY 27, SUITE 211
City-St-Zip: Ocala, FL 34482

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: TERRY R. MCMANUS

MR.

01/20/2010

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