

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000014929

FILED
Jan 11, 2011
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:

7340 N US HIGHWAY 27
SUITE 211
OCALA, FL 34482

Current Mailing Address:

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

New Mailing Address:

7340 N US HIGHWAY 27
SUITE 211
OCALA, FL 34482

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:

MCMANUS, TERRY R
7340 N US HIGHWAY 27
SUITE 211
OCALA, FL 34482 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:

01/11/2011

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

Title: MGRM
Name: SHAW, MARK
Address: 7340 N. US HIGHWAY # 27, SUITE 211
City-St-Zip: Ocala, FL 34482

Title: MGRM
Name: SINGER, DAVID DR.
Address: 7340 N. US HWY # 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: MARK SHAW

MGR

01/11/2011

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