2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

DOCUMENT# L09000016571

Entity Name: CLAIMS REIMBURSEMENT SPECIALISTS, LLC

Current Principal Place of Business:

951 BROKEN SOUND PARKWAY
SUITE 150
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

951 BROKEN SOUND PARKWAY
SUITE 150
BOCA RATON, FL 33487 US

New Mailing Address:

951 BROKEN SOUND PARKWAY
SUITE 150
BOCA RATON, FL 33487

FEI Number: 26-4298158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANTMAN, MARK
951 BROKEN SOUND PARKWAY
SUITE 150
BOCA RATON, FL 33487 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: ANTMAN, MARK
Address: 2920 N.W. 25TH TERRACE
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGR
Name: WINTER, DAVID
Address: 102 NE 2ND STREET #258
City-St-Zip: BOCA RATON, FL 33432 US

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 Statues.

SIGNATURE: MARK ANTMAN MGR 01/04/2012

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