

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000019460

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** PRAXIS MEDICAL BILLING, LLC

**Current Principal Place of Business:**

7600 RED ROAD  
SUITE 212  
SOUTH MIAMI, FL 33143 US

**New Principal Place of Business:**

14221 SW 120TH STREET  
SUITE 224  
MIAMI, FL 33186 US

**Current Mailing Address:**

7600 RED ROAD  
SUITE 212  
SOUTH MIAMI, FL 33143 US

**New Mailing Address:**

14221 SW 120TH STREET  
SUITE 224  
MIAMI, FL 33186 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

SWAINE, ROBERT S  
425 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870 US

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

AMBRIZ, HUMBERTO S  
14221 SW 120TH STREET  
SUITE 224  
MIAMI, FL 33186 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: HUMBERTO AMBRIZ

02/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PRIETO, ARNALDO E  
Address: 15334 SW 113 TERRACE  
City-St-Zip: MIAMI, FL 33196 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 Statutes.

SIGNATURE: ARNALDO PRIETO

MGR

02/16/2010

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