

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000019460

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

2367 US HWY 27 S  
SEBRING, FL 33870 US

**FEI Number:** 26-4459104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

MGRM

04/29/2011

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