

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000019460

FILED  
Apr 30, 2012  
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:**

2367 US HWY 27 S  
SEBRING, FL 33870 US

**New Mailing Address:**

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:**

AMBRIZ, HUMBERTO  
2367 US HWY 27 S  
SEBRING, FL 33870 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

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RIVABEM, FERNANDO  
Address: 2367 US HWY 27 S  
City-St-Zip: SEBRING, FL 33870 US

Title: MGRM  
Name: ANTOINE, MOGIN  
Address: 2367 US HWY 27 S  
City-St-Zip: SEBRING, FL 33870

Title: MGRM  
Name: HADDAD, JUAN M  
Address: 2367 US HWY 27 S  
City-St-Zip: SEBRING, FL 33870

Title: MGRM  
Name: ROS, JUAN P  
Address: 2367 US HWY 27 S  
City-St-Zip: SEBRING, FL 33870

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

04/30/2012

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