

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000036952

FILED
Jan 05, 2010
Secretary of State

Entity Name: MAVERICK MEDICAL CLAIMS SOLUTIONS, LLC

Current Principal Place of Business:

909 S.E. 5TH AVENUE
SUITE 200
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

909 S.E. 5TH AVENUE
SUITE 200
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 27-0306276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFF
909 S.E. 5TH AVENUE
SUITE 200
DELRAY BEACH, FL 33483 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: COHEN, JEFF
Address: 909 S.E. 5TH AVENUE, SUITE 500
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGR
Name: ALLEN, MICHELE
Address: 909 S.E. 5TH AVENUE, SUITE 200
City-St-Zip: DELRAY BEACH, FL 33483 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: MICHELE A ALLEN

MGR

01/05/2010

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