

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000038011

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** FREEDOM MECIDAL BILLING, LLC

**Current Principal Place of Business:**

2044 TRINITY OAKS BLVD  
220  
TRINITY, FL 34655

**New Principal Place of Business:**

5413 GEORGE STREET  
2  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

11130 SALT TREE DRIVE  
PORT RICHEY, FL 34688

**New Mailing Address:**

**FEI Number:** 26-4722561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANTOS, PAULA M  
11130 SALT TREE DRIVE  
PORT RICHEY, FL 34688 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:** SANTOS, PAULA M  
**Address:** 11130 SALT TREE DRIVE  
**City-St-Zip:** PORT RICHEY, FL 34668

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: PAULA M. SANTOS

MGR

04/02/2012

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