2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

DOCUMENT# L09000046225

Entity Name: CLAIMPRO MEDICAL BILLING LLC

Current Principal Place of Business:

8115 BRANDON ROAD
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

PO BOX 1207
LYNN HAVEN, FL 32444

New Mailing Address:

8115 BRANDON ROAD
PANAMA CITY, FL 32404

FEI Number: 27-0150634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADEWELL, MICHAEL M
8115 BRANDON ROAD
PANAMA CITY, FL 32404 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: MGRM
Name: AUSTIN SHEA COMPANY, LLC
Address: 8115 BRANDON ROAD
City-St-Zip: PANAMA CITY, FL 32404

Title: MGRM
Name: MADEWELL, MICHAEL
Address: 8115 BRANDON ROAD
City-St-Zip: PANAMA CITY, FL 32404

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 Statues.

SIGNATURE: MICHAEL MADEWELL MGRM 02/16/2010

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