

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000046225

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** CLAIMPRO MEDICAL BILLING LLC

**Current Principal Place of Business:**

8115 BRANDON ROAD  
PANAMA CITY, FL 32404

**New Principal Place of Business:**

1800 JENKS AVENUE  
PANAMA CITY, FL 32405

**Current Mailing Address:**

8115 BRANDON ROAD  
PANAMA CITY, FL 32404

**New Mailing Address:**

1800 JENKS AVENUE  
PANAMA CITY, FL 32405

**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:** AUSSEA HOLDINGS, LLC  
**Address:** 1800 JENKS AVENUE  
**City-St-Zip:** PANAMA CITY, FL 32405

**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 Statutes.

**SIGNATURE:** MICHAEL MADEWELL

MGRM

02/07/2012

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