

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000052600

Entity Name: HIPAA EDI SERVICES, LLC

FILED  
May 04, 2010  
Secretary of State

## Current Principal Place of Business:

4924 KINGSMEADOW LN  
JACKSONVILLE, 32217 US

## New Principal Place of Business:

6271 ST AUGUSTINE ROAD  
SUITE 24  
JACKSONVILLE, FL 32217 US

## Current Mailing Address:

4924 KINGSMEADOW LN  
JACKSONVILLE, 32217 US

## New Mailing Address:

6271 ST AUGUSTINE ROAD  
SUITE 24  
JACKSONVILLE, FL 32217 US

FEI Number: 27-0271878      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HURST, OVIDA  
4924 KINGSMEADOW LN  
JACKSONVILLE, FL 32217 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: HURST, OVIDA  
Address: 4924 KINGSMEADOW LN  
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: MGRM  
Name: WRIGHT, GINGER  
Address: 4920 KINGSMEADOW LN  
City-St-Zip: JACKSONVILLE, FL 32217 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: GINGER WRIGHT

MGRM

05/04/2010

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