

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000100109

Entity Name: CF MEDICAL BILLING LLC

FILED
May 01, 2012
Secretary of State

Current Principal Place of Business:

4290 S. HWY 27
SUITE 203
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

4290 S. HWY 27
SUITE 203
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 27-1124521 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STONE, THERESA
21485 COUNTY ROAD 455
CLERMONT, FL 34715 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: STONE, THERESA
Address: 4290 S. HWY 27, SUITE 203
City-St-Zip: CLERMONT, FL 34711 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: THERESA STONE

MGR

05/01/2012

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