

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000012516

**Entity Name:** IDEAL SOLUTIONS MEDICAL BILLING, LLC

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2753 N.W. 79 AVENUE  
MARGATE, FL 33063 US

**New Principal Place of Business:**

11535 NE 51ST PL  
CORAL SPRINGS, FL 33076 US

**Current Mailing Address:**

2753 N.W. 79 AVENUE  
MARGATE, FL 33063 US

**New Mailing Address:**

11535 NE 51ST PL  
CORAL SPRINGS, FL 33076 US

FEI Number: 27-1825551

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VELAZQUEZ, THIRSA  
2753 N.W. 79 AVENUE  
MARGATE, FL 33324 US

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

VELAZQUEZ, THIRSA  
11535 NW 51ST PL  
CORAL SPRINGS, FL 33076 US

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: THIRSA VELAZQUEZ

02/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR

Name: VELAZQUEZ, THIRSA

Address: 11535 NW 51ST PL

City-St-Zip: CORAL SPRINGS, FL 33076 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: THIRSA VELAZQUEZ

MGR

02/24/2012

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