

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000059850

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** PDE MEDICAL BILLING & COLLECTION SERVICES, LLC

**Current Principal Place of Business:**

201 INTERNATIONAL DRIVE  
#715  
CAPE CANAVERAL, FL 32920 US

**New Principal Place of Business:**

**Current Mailing Address:**

201 INTERNATIONAL DRIVE  
#715  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

**FEI Number:** 27-2777792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DANDENEAU, PATRICIA A  
201 INTERNATIONAL DRIVE  
#715  
CAPE CANAVERAL, FL 32920 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: DANDENEAU, PATRICIA A  
Address: 201 INTERNATIONAL DRIVE #715  
City-St-Zip: CAPE CANAVERAL, FL 32920 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: PATRICIA A DANDENEAU

MGRM

02/16/2011

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