

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000064252

FILED
Apr 30, 2012
Secretary of State

Entity Name: MEDI BILLING SOLUTIONS, LLC.

Current Principal Place of Business:

2100 PONCE DE LEON BLVD.
SUITE 1000
CORAL GABLES, FL 33134

New Principal Place of Business:

325 ALMERIA AVE
CORAL GABLES, FL 33134

Current Mailing Address:

2100 PONCE DE LEON BLVD.
SUITE 1000
CORAL GABLES, FL 33134

New Mailing Address:

325 ALMERIA AVE
CORAL GABLES, FL 33134 UN

FEI Number: 27-2839458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE MEDI-LAW FIRM
2100 PONCE DE LEON BLVD
SUITE 1000
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SCHAEFER, JUSTIN
325 ALMERIA AVE
CORAL GABLES, FL 33134 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: JUSTIN SCHAEFER

04/30/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ADAMS, MAX A ESQ
Address: 2100 PONCE DE LEON BLVD STE 1000
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: SCHAEFER, JUSTIN
Address: 2100 PONCE DE LEON BLVD., SUITE 1000
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: PALADE, JAMIE
Address: 2100 PONCE DE LEON BLVD., SUITE 1000
City-St-Zip: CORAL GABLES, FL 33134

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: JUSTIN SCHAEFER

MGR

04/30/2012

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