

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000065633

FILED
Apr 14, 2011
Secretary of State

Entity Name: FLORIDA MEDICAID SPECIALISTS AND PARALEGAL SERVICES, LLC

Current Principal Place of Business:

920 WHISLER CT.
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

920 WHISLER CT.
SAINT CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 27-2909246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LARSEN, JESSICA OWNER
920 WHISLER CT.
SAINT CLOUD, FL 34769 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: MAIN, GEORGE
Address: 4700 MESA VERDE DR.
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: MGRM
Name: ROMAINE, THERESA
Address: 9931 AUTUMN CREEK LN
City-St-Zip: ORLANDO, FL 32832 US

Title: MGRM
Name: LARSEN, JESSICA
Address: 920 WHISLER CT.
City-St-Zip: SAINT CLOUD, FL 34769 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 ROMAINE

MGR

04/14/2011

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