

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000111416

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** EVERGREEN MEDICAL BILLING AND CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

51 SW 11 STREET  
1119  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

51 SW 11 STREET  
1119  
MIAMI, FL 33130

**New Mailing Address:**

**FEI Number:** 27-3832869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRUZ, MARIA  
51 SW 11 STREET  
1119  
MIAMI, FL 33130 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:** CRUZ, MARIA  
**Address:** 51 SW 11 STREET UNIT 1119  
**City-St-Zip:** MIAMI, FL 33130

**Title:** MGR  
**Name:** LEON, MANNY  
**Address:** 170 SE 14TH ST UNIT 1204  
**City-St-Zip:** MIAMI, FL 33130

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:** MARIA CRUZ

MGR

04/27/2011

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