

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 27, 2012
Secretary of State**

DOCUMENT# L11000008672

Entity Name: ASSURANCE MEDICAL BILLING, L.L.C.

Current Principal Place of Business:

331 NW CONCORD DRIVE
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

331 NW CONCORD DRIVE
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 61-1638702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOLAND, TAMMY L
331 NW CONCORD DRIVE
PORT SAINT LUCIE, FL 34983 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: BOLAND, TAMMY L
Address: 331 NW CONCORD DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983 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: TAMMY L. BOLAND MGMR 04/27/2012

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