

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000010174

FILED
Feb 03, 2012
Secretary of State

Entity Name: HOME HEALTH BILLING SOLUTIONS, LLC

Current Principal Place of Business:

1801 SW GRANT AVENUE
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

1801 SW GRANT AVENUE
PORT SAINT LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 99-0363875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REID, NOVLET
1801 SW GRANT AVENUE
PORT SAINT LUCIE, FL 34953 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: REID, NOVLET
Address: 1801 SW GRANT AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953 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: NOVLET REID

MGRM

02/03/2012

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