

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000017770

FILED  
Feb 14, 2012  
Secretary of State

**Entity Name:** MEDICAL CLAIMS BILLING FLORIDA, L.L.C.

**Current Principal Place of Business:**

6101 DOGLEG DRIVE  
NAPLES, FL 34113

**New Principal Place of Business:**

**Current Mailing Address:**

MCB  
8 TAYLOR LANE  
WOODLAND PARK, NJ 07424

**New Mailing Address:**

**FEI Number:** 27-5270383      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: KATTINE, MICHELE A  
Address: 8 TAYLOR LANE  
City-St-Zip: WOODLAND PARK, NJ 07424

Title: MGR  
Name: KATTINE, GREGG A  
Address: 8 TAYLOR LANE  
City-St-Zip: WOODLAND PARK, NJ 07424

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: DAVID L. FELDMAN

CPA

02/14/2012

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