

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000110237

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** HEALTHCARE REVENUE SOLUTIONS, LLC

**Current Principal Place of Business:**

8508 CARRIAGE POINTE DR  
GIBSONTON, FL 33534

**New Principal Place of Business:**

8508 CARRIAGE POINTE DR  
GIBSONTON, FL 335343019 US

**Current Mailing Address:**

8508 CARRIAGE POINTE DR  
GIBSONTON, FL 33534

**New Mailing Address:**

8508 CARRIAGE POINTE DR  
GIBSONTON, FL 335343019 US

**FEI Number:** 45-4168141

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VULPIS, ANDREW F  
8508 CARRIAGE POINTE DR  
GIBSONTON, FL 33534 US

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

VULPIS, ANDREW F  
8508 CARRIAGE POINTE DR  
GIBSONTON, FL 335343019 US

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: ANDREW F VULPIS

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM

**Name:** VULPIS, ANDREW F

**Address:** 8508 CARRIAGE POINTE DR

**City-St-Zip:** GIBSONTON, FL 335343019 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: ANDREW F VULPIS

MGRM

01/05/2012

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