

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000111996

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL BILLING SYSTEMS & SOLUTIONS, LLC

**Current Principal Place of Business:**

7300 NORTH KENDALL DRIVE  
201  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 565813  
PINECREST, FL 332565213 US

**New Mailing Address:**

**FEI Number:** 45-3477143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORDOVA, ANAMARGARITA  
7300 N KENDALL DR  
SUITE 201  
MIAMI, FL, FL 33156 US

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

CORDOVA, ANAMARGARITA  
7300 N KENDALL DR  
SUITE 201  
MIAMI,, FL 33156 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: ANA M CORDOVA

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CORDOVA, ANAMARGARITA  
Address: 6816 ALTAMIRA  
City-St-Zip: MIAMI, FL 33146

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: ANA M CORDOVA

MBR

05/01/2012

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