

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000117941

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** INTEGRA MEDICAL BILLING, LLC

**Current Principal Place of Business:**

3948 THIRD STREET  
SUITE 164  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

1935 WOODLAKE DR  
FLEMING ISLAND, FL 32003 US

**New Mailing Address:**

**FEI Number:** 45-3615150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FISHER, ARLENE M  
1935 WOODLAKE DR  
FLEMING ISLAND, FL 32003 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: MGR  
Name: FISHER, ARLENE M  
Address: 1935 WOODLAKE DR  
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: MGR  
Name: MCMILLAN, SHERYL Y  
Address: 1602 DECLARATION DRIVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 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: ARLENE M. FISHER

MGR

04/11/2012

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