

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000056615

**Entity Name:** HC CODING EXCHANGE LLC

**FILED**  
**Oct 24, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

13401 SUTTON PARK DRIVE S 1114  
JACKSONVILLE, FL 32224 US

**New Principal Place of Business:**

989 MONUMENT ROAD  
531  
JACKSONVILLE, FL 32225 US

**Current Mailing Address:**

13401 SUTTON PARK DRIVE S 1114  
JACKSONVILLE, FL 32224 US

**New Mailing Address:**

989 MONUMENT ROAD  
531  
JACKSONVILLE, FL 32225 US

**FEI Number:** 45-5217221

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASMUS, LINDSEY  
13401 SUTTON PARK DRIVE S 1114  
JACKSONVILLE, FL 32224 US

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

ASMUS, LINDSEY  
989 MONUMENT RD  
531  
JACKSONVILLE, FL 32224 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: LINDSEY ASMUS

10/24/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ASMUS, LINDSEY  
Address: 989 MONUMENT RD 531  
City-St-Zip: JACKSONVILLE, FL 32225 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: LINDSEY ASMUS

MS.

10/24/2013

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