

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007420

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA MEDICAL CLAIMS LC

Current Principal Place of Business:

4703 SELVITZ ROAD
FORT PIERCE, FL 34981

New Principal Place of Business:

Current Mailing Address:

4703 SELVITZ ROAD
FORT PIERCE, FL 34981

New Mailing Address:

FEI Number: 65-0959560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIAS, VINCENT FRANCIS S.
4703 SELVITZ ROAD
FORT PIERCE, FL 34981 US

Name and Address of New Registered Agent:

FRIAS, VINCENT F PRES
4703 SELVITZ ROAD
FORT PIERCE, FL 34981 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: V. FRANCIS FRIAS

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: FRIAS, VINCENT F MR
Address: 4703 SELVITZ ROAD
City-St-Zip: FORT PIERCE, FL 34981

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: V. FRANCIS FRIAS

PRES

01/16/2009

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