

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000109

FILED
Jul 11, 2008
Secretary of State

Entity Name: CHAPIN REVENUE CYCLE MANAGEMENT, LLC

Current Principal Place of Business:

3415 FRONTAGE RD EAST, STE B
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3415 FRONTAGE RD EAST, STE B
TAMPA, FL 33607

New Mailing Address:

FEI Number: 14-1863320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HENTHORNE, KEITH
3415 FRONTAGE RD EAST, STE B
TAMPA, FL 33607 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VITTE, TAMMY
Address: 3415 FRONTAGE RD EAST, STE B
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: INTRAVICHIT, LORI
Address: 3415 FRONTAGE RD EAST, STE B
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: HENTHORNE, KEITH
Address: 3415 FRONTAGE RD EAST, STE B
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: FINKEL, DAVID
Address: 3415 FRONTAGE RD EAST, STE B
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

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

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

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

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: KEITH HENTHORNE

P

07/11/2008

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