

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000109

FILED
Feb 16, 2010
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 ()

Name and Address of Current Registered Agent:

HENTHORNE, KEITH
3415 FRONTAGE RD EAST, STE B
TAMPA, FL 33607 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: MGRM
Name: VITTE, TAMMY
Address: 3415 FRONTAGE RD EAST, STE B
City-St-Zip: TAMPA, FL 33607

Title: MGRM
Name: CARDA, TIM
Address: 3415 FRONTAGE RD EAST, STE B
City-St-Zip: TAMPA, FL 33607

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

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

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: KEITH HENTHORNE

CHMN

02/16/2010

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