

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003085

FILED
Apr 14, 2009
Secretary of State

Entity Name: MIDWEST HEALTHCARE CODING, L.L.C.

Current Principal Place of Business:

16690 SWINGLEY RIDGE ROAD
SUITE 120
CHESTERFIELD, MO 63017

New Principal Place of Business:

16690 SWINGLEY RIDGE ROAD
SUITE 290
CHESTERFIELD, MO 63017

Current Mailing Address:

16690 SWINGLEY RIDGE ROAD
SUITE 120
CHESTERFIELD, MO 63017

New Mailing Address:

16690 SWINGLEY RIDGE ROAD
SUITE 290
CHESTERFIELD, MO 63017

FEI Number: 43-1906562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 () Delete
Name: WALKER, WILLIAM V DR
Address: 16690 SWINGLEY RIDGE ROAD, SUITE 120
City-St-Zip: CHESTERFIELD, MO 63017

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WALKER, WILLIAM V DR
Address: 16690 SWINGLEY RIDGE ROAD, SUITE 290
City-St-Zip: CHESTERFIELD, MO 63017

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: WILLIAM V WALKER

DR

04/14/2009

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