2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# M11000004693

Entity Name: BOTTOMLINE MEDICAL SOLUTIONS, LLC

Current Principal Place of Business:

4345 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4345 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 45-3024358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: V
Name: BRONSON, DAVID M
Address: 4345 SOUTHPOINT BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: VS
Name: DERIENZIS, JOSHUA
Address: 4345 SOUTHPOINT BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: VT
Name: KLARNER, DAVID D
Address: 4345 SOUTHPOINT BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: V
Name: BEHRENDS, ANDREW
Address: 4345 SOUTHPOINT BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

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 Statues.

SIGNATURE: DAVID D. KLARNER T 04/24/2012

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