

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017235

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Entity Name:** ARSALA MEDICAL BILLING, LLC

**Current Principal Place of Business:**

2818 OSPREY COVE PL  
APT # 103  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

3223 TURRET DR  
KISSIMMEE, FL 34743

**Current Mailing Address:**

3275 S JOHN YOUNG PARKWAY  
# 201  
KISSIMMEE, FL 34746

**New Mailing Address:**

**FEI Number:** 26-1976084      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MESHEDI, FAISAL R  
2818 OSPREY COVE PL  
APT # 103  
KISSIMMEE, FL 34746 US

**Name and Address of New Registered Agent:**

MESHEDI, FAISAL R  
3223 TURRET DR  
KISSIMMEE, FL 34743 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: FAISAL MESHEDI

03/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MESHEDI, FAISAL R  
Address: 3275 S JOHN YOUNG PARKWAY # 201  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGR  
Name: MESHEDI, ARSALA F  
Address: 3275 S JOHN YOUNG PARKWAY # 201  
City-St-Zip: KISSIMMEE, FL 34746

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: FAISAL MESHEDI

MGR

03/16/2010

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