

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000059850

**Entity Name:** PDE MEDICAL BILLING & COLLECTION SERVICES, LLC

**Current Principal Place of Business:**

201 INTERNATIONAL DRIVE  
#715  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

201 INTERNATIONAL DRIVE  
#715  
CAPE CANAVERAL, FL 32920 US

**FEI Number:** 27-2777792

**Certificate of Status Desired:** No

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

DANDENEAU, PATRICIA A  
201 INTERNATIONAL DRIVE  
#715  
CAPE CANAVERAL, FL 32920 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

**Authorized Person(s) Detail :**

Title MGRM  
Name DANDENEAU, PATRICIA A  
Address 201 INTERNATIONAL DRIVE #715  
City-State-Zip: CAPE CANAVERAL FL 32920

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA A DANDENEAU

**CORPORATE OFFICER**

**04/02/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date