

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000041087

Entity Name: CLEAN CLAIMS MEDICAL BILLING, LLC

Current Principal Place of Business:

4052 HEATON TER
NORTH PORT, FL 34286

Current Mailing Address:

4052 HEATON TER
NORTH PORT, FL 34286 US

FEI Number: 45-2412235

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, RANDI
4052 HEATON TER
NORTH PORT, FL 34286 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 SMITH, RANDI
Address 4052 HEATON TER
City-State-Zip: NORTH PORT FL 34286

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: RANDI SMITH

OWNER

04/17/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date