

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90014 003 ****50.00

DOCUMENT # L01000000758



1. Entity Name
HEALTHCARE BILLING SOLUTIONS, LLC

Principal Place of Business
**7709 ENDERBY AVE. E.
JACKSONVILLE FL 32244**

Mailing Address
**7709 ENDERBY AVE. E.
JACKSONVILLE FL 32244**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3697159**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, TIAKO
7709 ENDERBY AVE. E.
JACKSONVILLE FL 32244**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM JACKSON, KENNETH L**
STREET ADDRESS **7709 ENDERBY AVE E**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM JACKSON, TIAKO R**
STREET ADDRESS **7709 ENDERBY-AVE-E**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE REQUIRED

4.30.03

904-908-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)