

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000011198

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL BILLING AND COLLECTING, LLC

**Current Principal Place of Business:**

4620 N STATE ROAD 7, BLDG. H  
STE 316  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4620 N STATE ROAD 7, BLDG. H  
STE 316  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

**FEI Number:** 26-1935695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAYLOR, GREGORY  
4620 N STATE ROAD 7  
STE 316  
LAUDERDALE LAKES, FL 33319 US

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

BABITZ, ALAN CFO  
4620 N STATE ROAD 7  
STE 316  
LAUDERDALE LAKES, FL 33319 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:** ALAN BABITZ

01/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** CEO  
**Name:** SHULMAN, PETER  
**Address:** 4620 N. STATE ROAD 7, STE 316, BLDG H  
**City-St-Zip:** LAUDERDALE LAKES, FL 33319

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:** ALAN BABITZ

CFO

01/05/2011

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