

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2007 8:00 am
Secretary of State

03-20-2007 90145 044 ****50.00

DOCUMENT # L06000013582 1. Entity Name EMERALD COAST MEDICAL BILLING & CONSULTING, LLC					
Principal Place of Business 501 JENNINGS AVE PANAMA CITY FL 32404			Mailing Address 501 JENNINGS AVE PANAMA CITY FL 32404		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5793299	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent INCORP SERVICES, INC 17888 67TH COURT NORTH LOXAHATCHEE FL 33470				7. Name and Address of New Registered Agent 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 info if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BELL, SARLENTIA M 501 JENNINGS AVE PANAMA CITY FL 32404	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Sarlentia Bell</i> <i>Sarlentia Bell</i> 3/4/07 (850) 785-6072					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					