


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L00000005094	
<b>1. Entity Name</b> A-MEDI-BILL LLC	

<b>Principal Place of Business</b> 209 DISC DRIVE BOYNTON BEACH FL 33436	<b>Mailing Address</b> 209 DISC DRIVE BOYNTON BEACH FL 33436
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

<b>4. FEI Number</b> 65-1079446		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  EIDELSON, SHARON R 209 DISC DRIVE BOYNTON BEACH FL 33436		<b>7. Name and Address of New Registered Agent</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO EIDELSON, SHARON 209 DISC DR BOYNTON BEACH FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000256912 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/09/05-80033-006 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **3-5-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #