


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L00000005094 1. Entity Name A-MEDI-BILL LLC |  |
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|--|--|
| Principal Place of Business 209 DISC DRIVE BOYNTON BEACH, FL 33436 | Mailing Address 209 DISC DRIVE BOYNTON BEACH, FL 33436 |
|--|--|

DO NOT WRITE IN THIS SPACE



04162007 No Chg-LLC CR2E083 (11/05)

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|------------------------------------|-------------------------------|
| 4. FEI Number 65-1079446 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent EIDELSON, SHARON R 209 DISC DRIVE BOYNTON BEACH, FL 33436 |
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**DO NOT WRITE
IN THIS SPACE**

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


**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEO EIDELSON, SHARON 209 DISC DR BOYNTON BEACH, FL 33436 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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U000000714138
04/27/07-80011-013 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  | 416-07 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date Daytime Phone #</small> |