

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90003 028 *****50.00

DOCUMENT # L00000013216

1. Entity Name
**PROFESSIONAL BILLING ASSOCIATES OF WEST
FLORIDA, LLC**



Principal Place of Business
**122 LINSLEY AVENUE
STE C
BRANDON, FL 33511**

Mailing Address
**122 LINSLEY AVENUE
SUITE C
BRANDON, FL 33511**

64007164



2. Principal Place of Business

3. Mailing Address

122 Linsley Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste A

City & State

City & State

Brandon, FL

Zip

Country

Zip

Country

33511

04052004 Chg-LLC CR2E083 (10/03)

4. FEI Number

59-3493596

Applied For

Not Applicable

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

**WYLIE, WARREN W III
122 LINSLEY AVENUE, STE A
BRANDON, FL 33511**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **NANNI, M DOUGLAS**
STREET ADDRESS **122 LINSLEY AVE, SUITE C**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Nanni, M Douglas**
STREET ADDRESS **122 Linsley Ave, Ste A**
CITY-ST-ZIP **Brandon, FL 33511**

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

TITLE ☐ Change ☐ Addition
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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:

M. Douglas Nanni **M. Douglas Nanni**

4/6/04

(813) 657-4914

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

Date

Daytime Phone #