FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90025 049 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013216

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

Principal Place of Business	Mailing Address
12555 SPRING HILL DRIVE SPRINGHILL, FL 34609	122 LINSLEY AVENUE SUITE C BRANDON, FL 33511

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
122 Linsley Avenue	
Suite, Apt. #, etc.: Ste C	Suite, Apt. #, etc.
City & State: Brandon, FL	City & State
Zip: 33511 Country: USA	Zip Country

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
WYLIE, WARREN W III
755 W BRANDON BLVD
BRANDON, FL 33511

7. Name and Address of New Registered Agent
Name: Warren W. Wylie, II
Street Address (P.O. Box Number is Not Acceptable): 122 Linsley Avenue, Ste A
City: Brandon FL Zip Code 33511

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] Warren W. Wylie, Executive Director 3/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NANNI, M DOUGLAS		NAME		
STREET ADDRESS	122 LINSLEY AVE, SUITE C		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

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: [signature] M. Douglas Nanni 3/13/03 (813)657-4914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #