2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 05, 2004 8:00 am Secretary of State

DOCUMENT # L0100000261 1. Enlity Name BKRY BILLING GROUP, LLC							2	05-05-2004 9	_	2 ****50.00)
Principal Place of Business 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Mailing Address 2828 CROASDAILE DR. DURHAM, NC 27705			-			240	65322		
Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Navigant Consulting			_					
		Two North Char	Street		04292004	Chg-LLC	CR28	(10/03)			
City & State			Suite 400 Baltimore, Maryland 2120			11	4. FEI Numb				plied For t Applicable
Zip	Zip Country		baltillole, Mary	Iaiic	u 21201		5. Certificat	of Status Desired	ı 🗆	\$5.00 Add	
	6. Name	and Address of Current F	Registered Agent				7. Name an	d Address of New	Registered		
C T CORP	ORATION	N SYSTEM		.	Name		·				
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)						
					City	···				17.04	
8 The above	named enti	by submits this statement for	the purpose of changing its re	oistor	City	register	rad agent, or h	oth in the State of	Florida Lar		
		tered agent.	the purpose of cripinging have	giatore	sa omes o	register	od agent, or o		1 1011d#. T&	ii ibitilidi willi,	and accept
SIGNATURE .	Signature, typed	d or printed name of registered agen) a	nd tille if applicable. (NOTE: R	legistered	Agent signat.	ure required	when reinstating)		DATE		
			T								
Fi Di	iling Fee ue by Ma	is \$50.00 y 1, 2004								payable to ment of State	
9.	ue by Ma	is \$50.00 y 1, 2004 MANAGING MEMBEI		10.				Flor		ment of State	etijes, is 443
Dı	MGRM SCOTT N 2828 CR	y 1, 2004	RS/MANAGERS Managers Delete	TITLE NAME STRE		Navig Two N	s R. Goldstein ant Consulting Jorth Charles	ADDITION Street -Suite 400	ida Depart	ment of State	Addition
9. TITLE NAME STREET ADDRESS	MGRM SCOTT M 2828 CRI DURHAM MGR GOLD, JI 300 SE 1	MANAGING MEMBER MEDICAL GROUP LLC OASDAILE DR 1, NC 27705		TITLE NAME STRE CITY- TITLE NAME STRE	E et address -St-Zip	Charle Navig Two N	s R. Goldstein	ADDITION Street -Suite 400	ida Depart	ment of State	edina a 443
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM SCOTT M 2828 CRI DURHAM MGR GOLD, JI 300 SE 1	MANAGING MEMBER MEDICAL GROUP LLC OASDAILE DR M. NC 27705 EFFREY 7TH ST.	⊠ Delete	TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	Charle Navig Two N	s R. Goldstein ant Consulting Jorth Charles	ADDITION Street -Suite 400	ida Depart	ment of State	☐ Addition
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11. I hereby certify that the information supplied with this filling 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: J J SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Charles R. Goldstein, Chief Restructuring Officer, 4/30/04 410-454-6830

Daytime Phone #