

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001381

FILED
Apr 08, 2004
Secretary of State

Entity Name: CERTIFIED MEDICAL BILLING, L.L.C.

Current Principal Place of Business:

649 SW PORT ST. LUCIE BLVD.
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

649 SW PORT ST. LUCIE BLVD.
PORT SAINT LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-1072095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KWASNICKI, AMY
513 SW DEER RUN
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MEM () Delete
Name: HELLBERG, REGINA
Address: 525 SW DEER RUN
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGR () Delete
Name: KWASNICKI, AMY
Address: 513 SW DEER RUN
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HELLBERG, REGINA
Address: 525 SW DEER RUN
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: REGINA HELLBERG

MGRM

04/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date