

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001686

FILED
Jan 06, 2004
Secretary of State

Entity Name: PHYSICIAN BILLING SOLUTIONS, LLC

Current Principal Place of Business:

1630 SOUTH CONGRESS AVE.
SUITE 301
PALM SPRINGS, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

1630 SOUTH CONGRESS AVE.
SUITE 301
PALM SPRINGS, FL 33461 US

New Mailing Address:

FEI Number: 65-1071014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRUNS, CHRISTOPHER C PRES
1630 SOUTH CONGRESS AVE. SUITE 301
PALM SPRINGS, FL 33461 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: MGRM () Delete
Name: BRUNS, CHRISTOPHER C
Address: 1630 SOUTH CONGRESS AVE., SUITE 301
City-St-Zip: PALM SPRINGS, FL 33461 US

Title: MGRM (X) Delete
Name: BURGERING, PAMELA
Address: 1630 S. CONGRESS AVE., SUITE 301
City-St-Zip: PALM SPRINGS, FL 33461 US

ADDITIONS/CHANGES:

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

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: CHRISTOPHER C. BRUNS

PRES

01/06/2004

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