2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001686

Entity Name: PHYSICIAN BILLING SOLUTIONS, LLC

FILED Jul 09, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1630 SOUTH CONGRESS AVE. 5150 LINTON BLVD.

SUITE 301 SUITE 400

PALM SPRINGS, FL 33461 US DELRAY BEACH, FL 33484 US

Current Mailing Address: New Mailing Address:

1630 SOUTH CONGRESS AVE. 5150 LINTON BLVD.

SUITE 301 SUITE 400

PALM SPRINGS, FL 33461 US DELRAY BEACH, FL 33484 US

FEI Number: 65-1071014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRUNS, CHRISTOPHER C PRES

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1630 SOUTH CONGRESS AVE. SUITE 301 5150 LINTON BLVD. PALM SPRINGS, FL 33461 US SUITE 400

DELRAY BEACH, FL 33484 US

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: 07/09/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: BRUNS, CHRISTOPHER C PRES

Address: 1630 SOUTH CONGRESS AVE., SUITE 301 Address: 5150 LINTON BLVD.

City-St-Zip: PALM SPRINGS, FL 33461 US City-St-Zip: DELRAY BEACH, FL 33484 US

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 07/09/2005