

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90061 018 ****50.00

DOCUMENT # L01000001686

1. Entity Name
PHYSICIAN BILLING SOLUTIONS, LLC



Principal Place of Business
**1300 CORPORATE CENTER WAY
SUITE 105D
WELLINGTON FL 33414
US**

Mailing Address
**1300 CORPORATE CENTER WAY
SUITE 105D
WELLINGTON FL 33414
US**

2. Principal Place of Business
1630 South Congress Ave.
Suite, Apt. #, etc.
Suite 301

3. Mailing Address
1630 S. Congress Ave
Suite, Apt. #, etc.
Suite 301

City & State
Palm Springs, FL
Zip
33461
Country
USA

City & State
Palm Springs, FL
Zip
33461
Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1071014**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRUNS, CHRISTOPHER C PRES
1300 CORPORATE CENTER WAY
SUITE 105D
WELLINGTON FL 33401**

7. Name and Address of New Registered Agent

Name **Bruns, Christopher C. Pres.**
Street Address (P.O. Box Number is Not Acceptable)
1630 South Congress Ave Suite 301
City **Palm Springs** FL Zip Code **33461**

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 _____ (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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRUNS, CHRISTOPHER C	
STREET ADDRESS	1300 CORPORATE CENTER WAY, SUITE 105D	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BURGERING, PAMELA	
STREET ADDRESS	1300 CORPORATE CENTER WAY, SUITE 105D	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruns, Christopher C.	
STREET ADDRESS	1630 South Congress Ave Suite 301	
CITY-ST-ZIP	Palm Springs, FL 33461	
TITLE	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burgering, Pamela	
STREET ADDRESS	1630 S. Congress Ave Suite 301	
CITY-ST-ZIP	Palm Springs, FL 33461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)