

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019207

FILED
Mar 22, 2005
Secretary of State

Entity Name: M.J. MEDICAL BILLING SERVICE, LLC

Current Principal Place of Business:

15 PECAN LOOP
OCALA, FL 34472

New Principal Place of Business:

807 SW 3RD AVENUE
SUITE B
OCALA, FL 34474

Current Mailing Address:

15 PECAN LOOP
OCALA, FL 34472

New Mailing Address:

807 SW 3RD AVENUE
SUITE B
OCALA, FL 34474

FEI Number: 90-0155061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWICKI, MELISSA R
15 PECAN LOOP
OCALA, FL 34472 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: LEWICKI, MELISSA K
Address: 15 PECAN LOOP
City-St-Zip: OCALA, FL 34472

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEWICKI, MELISSA R
Address: 15 PECAN LOOP
City-St-Zip: OCALA, FL 34472

Title: MGRM () Change (X) Addition
Name: LEWICKI, JERRY
Address: 15 PECAN LOOP
City-St-Zip: OCALA, FL 34472

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: MELISSA R. LEWICKI

MGRM

03/22/2005

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