

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000019207

FILED
Dec 11, 2007
Secretary of State

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

Current Principal Place of Business:

5455 SE MARICAMP RD
OCALA, FL 34480

New Principal Place of Business:

30 BAHIA PASS
OCALA, FL 34472

Current Mailing Address:

5455 SE MARICAMP RD
OCALA, FL 34480

New Mailing Address:

PO BOX 830687
OCALA, FL 34483-068

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:

LEWICKI, MELISSA R
30 BAHIA PASS
OCALA, FL 34472 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: MELISSA LEWICKI

12/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEWICKI, MELISSA R
Address: 30 BAHIA PASS
City-St-Zip: OCALA, FL 34472

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 LEWICKI

MGR

12/11/2007

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