2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L01000019207

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

Current Principal Place of Business:

30 BAHIA PASS
OCALA, FL 34472

New Principal Place of Business:

22510 NE 130TH COURT RD.
FT. MCCOY, FL 32134

Current Mailing Address:

PO BOX 830687
OCALA, FL 34483

New Mailing Address:

22510 NE 130TH COURT RD.
FT. MCCOY, FL 32134

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
30 BAHIA PASS
OCALA, FL 34472 US

Name and Address of New Registered Agent:

LEWICKI, MELISSA R
22510 NE 130TH COURT RD.
FT. MCCOY, FL 32134 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: _____ 04/30/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEWICKI, MELISSA R
Address: 22510 NE 130TH COURT RD.
City-St-Zip: FT. MCCOY, FL 32134

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 R. LEWICKI MGRM 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date