2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2004
Secretary of State

DOCUMENT# L01000020089

Entity Name: STAT BILLING SERVICES, LC

Current Principal Place of Business:

8900 N. ARMENIA AVENUE
SUITE 302
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

8900 N. ARMENIA AVENUE
SUITE 302
TAMPA, FL 33604 US

New Mailing Address:

FEI Number: 59-3759172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, JEREMY P
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602

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: REISS, GAIL M
Address: 8623 HERONS COVE PL
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete
Name: ZEVCHAK, ANDREA
Address: 16116 RAMBLING VINE DR. A
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: ZEVCHAK, ANDREA
Address: 10705 PRESERVE LAKE DRIVE, APT 312
City-St-Zip: TAMPA, FL 33626

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: GAIL M REISS MRS 07/07/2004

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