

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000021757

FILED
Nov 15, 2007
Secretary of State**Entity Name:** PALM BEACH BILLING CONSULTANTS, LLC**Current Principal Place of Business:**38 WEST PALMETTO RD.
LAKE WORTH, FL 33467 US**New Principal Place of Business:**1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 US**Current Mailing Address:**75 RIVER DR.
TEQUESTA, FL 33469 US**New Mailing Address:**1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 US**FEI Number:** 14-1841367**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SINGER, MICHAEL S ESQ.
3801 PGA BOULEVARD
SUITE 802
PALM BEACH GARDENS, FL 33410 US**Name and Address of New Registered Agent:**MARTUS, JAY A ESQ.
1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 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: JAY A. MARTUS

11/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEZIEL, LAWRENCE MD
Address: PO BOX 1620
City-St-Zip: JUPITER, FL 33468

Title: MGRM () Delete
Name: ROSSELLI, MATTEO MD
Address: PO BOX 1620
City-St-Zip: JUPITER, FL 33468

Title: MGRM () Delete
Name: KUCHERA, JAY MD
Address: PO BOX 1620
City-St-Zip: JUPITER, FL 33468

Title: MGRM () Delete
Name: DROURR, NATHANIEL MD
Address: PO BOX 1620
City-St-Zip: JUPITER, FL 33468

ADDITIONS/CHANGES:

Title: CEOD (X) Change () Addition
Name: EISENBERG, MITCHELL
Address: 1613 NORTH HARRISON PARKWAY, SUITE 200
City-St-Zip: SUNRISE, FL 33323 US

Title: PD (X) Change () Addition
Name: GOLD, LEWIS
Address: 1613 NORTH HARRISON PARKWAY, SUITE 200
City-St-Zip: SUNRISE, FL 33323 US

Title: SVPS (X) Change () Addition
Name: MARTUS, JAY
Address: 1613 NORTH HARRISON PARKWAY, SUITE 200
City-St-Zip: SUNRISE, FL 33323 US

Title: SVPD (X) Change () Addition
Name: COWARD, ROBERT
Address: 1613 NORTH HARRISON PARKWAY, SUITE 200
City-St-Zip: SUNRISE, FL 33323 US

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: JAY A. MARTUS

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11/15/2007

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