

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021757

FILED
Mar 30, 2009
Secretary of State

Entity Name: PALM BEACH BILLING CONSULTANTS, LLC

Current Principal Place of Business:

1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 14-1841367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTUS, JAY A ESQ.
1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 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/MANAGERS:

Title: CEO () Delete
Name: EISENBERG, MITCHELL
Address: 1613 NORTH HARRISON PARKWAY, SUITE 200
City-St-Zip: SUNRISE, FL 33323 US

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

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

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

ADDITIONS/CHANGES:

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

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

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

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: JAY A. MARTUS

SVPS

03/30/2009

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