

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028628

Entity Name: BAY BILLING SOLUTIONS, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

8217 US HWY 19 NORTH
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

8217 US HWY 19 NORTH
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 03-0489545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MILLER, RICHARD A
8220 US HWY. 19 NORTH
PORT RICHEY, FL 34668 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, RICHARD DO
Address: 8220 US HWY 19 NORTH
City-St-Zip: PORT RICHEY, FL 34668

Title: MGR () Delete
Name: KRUTCKIK, MICHAEL DO
Address: 8220 US HWY 19 NORTH
City-St-Zip: PORT RICHEY, FL 34668

Title: MGR () Delete
Name: DORTON, DAVID DO
Address: 8220 US HWY 19 NORTH
City-St-Zip: PORT RICHEY, FL 34668

Title: MGR () Delete
Name: KRATZ, JAIME MD
Address: 11031 US HWY 19
City-St-Zip: PORT RICHEY, FL 34668

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 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: RICHARD MILLER, D.O.

MGRM

05/01/2006

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