

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028628

FILED  
May 21, 2008  
Secretary of State

Entity Name: BAY BILLING SOLUTIONS, LLC

## Current Principal Place of Business:

6014 U. S. HWY 19 NORTH  
SUITE 501  
NEW PORT RICHEY, FL 34652

## New Principal Place of Business:

## Current Mailing Address:

6014 US HWY 19 NORTH  
SUITE 501  
NEW PORT RICHEY, FL 34652

## 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:

MILLER, RICHARD A  
8220 US HWY. 19 NORTH  
PORT RICHEY, FL 34668      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: 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: MGR      (X) Change ( ) Addition  
Name: KRATZ, JAIME MD  
Address: 8202 WASHINGTON STREET  
City-St-Zip: PORT RICHEY, FL 34668

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: RICHARD A MILLER, D.O.

MGRM

05/21/2008

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