2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State
04-30-2003 90189 004 ****50.00

44003042

DOCUMENT # L02000028628

1. Entity Name
BAY BILLING SOLUTIONS, LLC

Principal Place of Business	Mailing Address
8220 US HWY. 19 NORTH PORT RICHEY FL 34668	8220 US HWY. 19 NORTH PORT RICHEY FL 34668

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8217 US Hwy 19 North	8217 US Hwy 19 North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Richey Fl.	City & State: Port Richey Fl.
Zip: 34668 Country: USA	Zip: 34668 Country: USA

4. FEI Number: 030 489545 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, RICHARD A 8220 US HWY. 19 NORTH PORT RICHEY FL 34668	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Richard Miller, DO 8220 US Hwy 19 North Port Richey Fl 34668 MGR-M	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael Krutchik, DO. 8220 US Hwy 19 North Port Richey, Fl. 34668 MGR	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAVID DORTON, D.O. 8220 US Hwy 19 North Port Richey, Fl. 34668 MGR	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAIME KRATZ, M D 11031 U.S. Hwy 19 Port Richey, Fl 34668 MGR	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE Richard Miller DO 4/16/03 727-841-8505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #