

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90136 010 \*\*\*\*\*50.00

DOCUMENT # L02000029179

1. Entity Name  
OFFICE BILLING SERVICES, LLC



Principal Place of Business  
299 WEST GRANADA BLVD., SUITE B  
ORMOND BEACH, FL 32174

Mailing Address  
299 WEST GRANADA BLVD., SUITE B  
ORMOND BEACH, FL 32174

24063791



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

04-3721081

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARKIN, MARSHALL H  
149 S. RIDGEWOOD AVE., SUITE 710  
DAYTONA BEACH, FL 32114

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME BRULL, SORIN J M.D.  
STREET ADDRESS 1207 KALEEN DRIVE  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE MGA ☒ Change ☐ Addition  
NAME Zeikowitz, Michael M.D.  
STREET ADDRESS 299 West Granada Blvd, Ste B  
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE MGRM ☐ Delete  
NAME CONTE, ANTHONY J M.D.  
STREET ADDRESS P.O. BOX 1012  
CITY-ST-ZIP ORMOND BEACH, FL 32175

TITLE MGA ☒ Change ☐ Addition  
NAME multak, Alexander M.D.  
STREET ADDRESS 299 West Granada Blvd, Ste B  
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Alexander multak M.D. 4/30/04