

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034926

FILED
Apr 28, 2004
Secretary of State

Entity Name: RAE MEDICAL BILLING, LLC

Current Principal Place of Business:

9558 CALLE ALTA COURT
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 636
ELFERS, FL 34680 US

New Mailing Address:

FEI Number: 02-0665792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WARCHOL, ANN W
9558 CALLE ALTA COURT
NEW PORT RICHEY, FL 34655 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/MEMBERS:

Title: MGRM () Delete
Name: WARCHOL, DANIEL T
Address: 9558 CALLE ALTA CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM () Delete
Name: WARCHOL, ANN W
Address: 9558 CALLE ALTA CT
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: DANIEL T WARCHOL

MGRM

04/28/2004

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