

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90580 008 \*\*\*\*55.00

DOCUMENT # L02000034926

1. Entity Name

AE MEDICAL BILLING, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9558 Calle Alta Ct

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 636

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

New Port Richey FL

City & State

Elfers FL

4. FEI Number

02-0665792

Applied For

Not Applicable

Zip

34655

Country

USA

Zip

34680-0636

Country

USA

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Ann W Warchol

Street Address (P.O. Box Number is Not Acceptable)

9558 Calle Alta Ct

City

New Port Richey

FL

Zip Code

34655

**DO NOT WRITE  
IN THIS SPACE**

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

*Ann W Warchol*

Ann W Warchol, Managing Members 4-29-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	DANIEL T. WARCHOL
STREET ADDRESS	9558 CALLE ALTA CT
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	MGRM
NAME	ANN W. WARCHOL
STREET ADDRESS	9558 CALLE ALTA CT
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Ann W Warchol* Ann W. Warchol

4-29-03

727-372-9222

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

Date

Daytime Phone #

CR2E083B (12/02)