

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000052

FILED
Mar 13, 2007
Secretary of State

Entity Name: PHYSICIAN REVENUE SOLUTIONS, LLC

Current Principal Place of Business:

2451 MCMULLEN BOOTH RD
SUITE 240
CLEARWATER, FL 33759 US

New Principal Place of Business:

5308 MAIN STREET
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

2451 MCMULLEN BOOTH RD
SUITE 240
CLEARWATER, FL 33759 US

New Mailing Address:

5308 MAIN STREET
NEW PORT RICHEY, FL 34652 US

FEI Number: 51-0441039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PAPPAS, GEORGE G
1822 NORTH BELCHER ROAD
SUITE 200
CLEARWATER, FL 33765 US

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: GEORGE G. PAPPAS

03/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: () Delete

Name:

Address:

City-St-Zip:

Title: MGRM () Change (X) Addition

Name: ARMERO, KARIN

Address: 5308 MAIN STREET

City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KARIN ARMERO

MGRM

03/13/2007

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