

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000005634

**FILED**  
**Mar 25, 2005**  
**Secretary of State**

**Entity Name:** JUNCO MEDICAL BILLING, LLC

**Current Principal Place of Business:**

13016 SW 136 TERRACE  
MIAMI, FL 33186

**New Principal Place of Business:**

8441 SW 29 ST  
MIAMI, FL 33155

**Current Mailing Address:**

13016 SW 136 TERRACE  
MIAMI, FL 33186

**New Mailing Address:**

8441 SW 29 ST  
MIAMI, FL 33155

**FEI Number:** 11-3678579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BASMAJIAN, ELSA  
13016 SW 136 TERR  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

BASMAJIAN, ELSA  
8441 SW 29 ST  
MIAMI, FL 33155 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: ELSA BASMAJIAN

03/25/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BASMAJIAN, ELSA  
Address: 13016 SW 136 TER  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BASMAJIAN, ELSA  
Address: 8441 SW 29 ST  
City-St-Zip: MIAMI, FL 33155

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: ELSA BASMAJIAN

P

03/25/2005

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