2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2004
Secretary of State

DOCUMENT# L03000009216

Entity Name: PROVIDENT MEDICAL BILLING SERVICES, LLC

Current Principal Place of Business:

5881 NW 151ST STREET, STE. 101
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5881 NW 151ST STREET, STE. 101
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 30-0171271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHN, ALAN B
2021 TYLER STREET
HOLLYWOOD, FL 33020 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: JMLS FAMILY LTD.,
Address: 1112 WESTON ROAD, #226
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete
Name: SP FAMILY LTD.,
Address: 2940 NE 188TH STREET, #111
City-St-Zip: AVENTURA, FL 33180

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: BRIAN KOSLOW MGRM 05/26/2004

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