

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018112

FILED  
Apr 24, 2004  
Secretary of State

Entity Name: ATLANTIC MEDICAL BILLING, LLC

**Current Principal Place of Business:**

9260 S.W. 72ND STREET, SUITE 206  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9260 S.W. 72ND STREET, SUITE 206  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 03-0518643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAROUH, ALBERTO  
13165 S.W. 142 TERRACE  
MIAMI, FL 33186

**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: MGR ( ) Delete  
Name: VANNAY, GISELA  
Address: 1643 BRICKELL AVENUE #2805  
City-St-Zip: MIAMI, FL 33129

Title: MGR ( ) Delete  
Name: BAROUTH, RAQUEL  
Address: 9735 S.W. 144TH STREET  
City-St-Zip: MIAMI, FL 33176

Title: MGR ( ) Delete  
Name: RODRIGUEZ, ELENA B  
Address: 8238 N.W. 8TH STREET  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RAQUEL BAROUH

MGR

04/24/2004

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