2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED . DOCUMENT # L03000029189 Feb 28, 2005 08:00 AN 1. Entity Name **Secretary of State** FLORIDA WEST COAST MEDICAL BILLING, L.L.C. Principal Place of Business Mailing Address 212 WINDWARD ISLE CLEARWATER FL 33767 P. O BOX 7048 SEMINOLE FL 33775 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 86-1076199 Not Applicable Zıp Zıp Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GASSMAN, ALAN Street Address (P.O. Box Number is Not Acceptable) 1245 COURT ST., STE. 102 **CLEARWATER FL 33756** Zip Code City 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agen) signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Addition MGR THE THILE ☐ Delete FRIEDMAN, CHARLES K NAME 03/35 05-36645-061 STREET ADDRESS P O BOX 7048 STREET ADDRESS CITY-ST-7IP CITY-ST ZIP SEMINOLE FL 33775 ☐ Change THE ☐ Delete Title ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY ST ZIE CITY ST 7/P ☐ Delete ☐ Change ☐ Addition THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TITUE Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CHY SL- NP CITY-ST-ZIP ☐ Addition TITLE Delete 71TEE Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST. 7IP 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.

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