

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029189

FILED
May 02, 2007
Secretary of State

Entity Name: FLORIDA WEST COAST MEDICAL BILLING, L.L.C.

Current Principal Place of Business:

9212 ULMERTON RD
LARGO, FL 33772

New Principal Place of Business:

10550 78TH ST
STE 503
LARGO, FL 33777

Current Mailing Address:

P. O BOX 7048
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 86-1076199 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FRIEDMAN, CHARLES
6640 78TH AVE N
STE A
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

FRIEDMAN, CHARLES
10550 78TH ST
STE 503
LARGO, FL 33777 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: CHARLES K FRIEDMAN

05/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRIEDMAN, CHARLES K
Address: P O BOX 7048
City-St-Zip: SEMINOLE, FL 33775

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES K FRIEDMAN

MGR

05/02/2007

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