2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L03000037711

Entity Name: MEDICAL BUSINESS SOLUTIONS, LLC

Current Principal Place of Business:

103 SOLANO RD
PONTA VEDRA, FL 32082

New Principal Place of Business:

428 A OSCEOLA AVE
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

41 PHILLIPS AVE.
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-0563804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LALIBERTE, PETER J
41 PHILLIPS AVE.
PONTE VEDRA BEACH, FL 32082 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: LALIBETE, TONIE L
Address: 41 PHILLIPS AVE.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LALIBERTE, TONIE L
Address: 41 PHILLIPS AVE.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: TONIE LALIBERTE MGRM 04/29/2004

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