

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90063 037 ***138.75

DOCUMENT-# L03000038202					
1. Entity Name C AND S MEDICAL BILLING, L.L.C.					
Principal Place of Business 3200 PHYSICIANS WAY SEBRING, FL 33870			Mailing Address 3200 PHYSICIANS WAY SEBRING, FL 33870		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUIZ, JOSE L MD 3200 PHYSICIANS WAY SEBRING, FL 33870				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR		TITLE		
NAME	WOOTEN, SOVEIDA <input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4610 DUFFER LOOP		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUIZ, JOSE L MD		NAME		
STREET ADDRESS	5027 STRAFFORD OAKS DR.		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <u>Soverido Wooten</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>01-30-08 (863)314-0508</u> <small>Date Daytime Phone #</small>		