



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90060 020 ****50.00

DOCUMENT # L03000039249 1. Entity Name QUALITY MEDICAL BILLING, LLC.					
Principal Place of Business 305 SWEETWATER SPRINGS ST. DEBARY, FL 32713			Mailing Address 305 SWEETWATER SPRINGS ST. DEBARY, FL 32713		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03082004 Chg-LLC CR2E083 (10/03)	
Zip		Zip		4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">20-0296019</div>	
Country		Country		5. Certificate of Status Desired NO \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LUCIANI, DONNA M 305 SWEETWATER SPRINGS ST. DEBARY, FL 32738				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUCIANI, DONNA M 305 SWEETWATER SPRINGS ST. DEBARY, FL 32713	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGOO, SANDRA A 305 SWEETWATER SPRINGS ST. DEBARY, FL 32713	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RICCIARDELLI, VANESSA 305 SWEETWATER SRPINGS ST. DEBARY, FL 32713	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE <i>Donna M. Luciani</i>			Date 7/10/04 Daytime Phone # 4073147711		