

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055964

FILED
Jan 17, 2006
Secretary of State

Entity Name: MEDBOS TRANSCRIPTIONS, LLC

Current Principal Place of Business:

6231 AVENTURA DRIVE STE. 101
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

6231 AVENTURA DRIVE STE. 101
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 87-0716220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CETIN, KENAN M
6231 AVENTURA DRIVE STE. 101
SARASOTA, FL 34241 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/MANAGERS:

Title: MGRM () Delete
Name: TOPFER, JEFFREY
Address: 200 E. 63RD STREET APT6G
City-St-Zip: NEW YORK, NY 10021

Title: MGRM (X) Delete
Name: CETIN, KENAN M
Address: 6231 AVENTURA DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: MGRM (X) Delete
Name: SMITH, RYAN P
Address: 13605 18TH PLACE EAST
City-St-Zip: BRADENTON, FL 34212

Title: MGRM (X) Delete
Name: JOHNSON, STEVEN S
Address: 6253 AVENTURA DR.
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEDICAL BACK-OFFICE, SOLUTIONS, LLC
Address: 105 SUSSEX ROAD
City-St-Zip: TENAFLY, NJ 07670

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY TOPFER

PRES

01/17/2006

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