2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILEU SECRETARY OF STATE DIVISION OF CORPORATION

		KEFOKI			,	DIVISION (ir cori	OR ATTO	าหร
DOCUMENT # L0400008765 1. Entity Name PHOENIX HEALTHCARE BILLING, LLC						911101011	21 00000	01175110	7140
1. Entity Nam	ne		1			05 FEB	17 AF	III: 33	ł
PHOENIX	CHEALTHCARE BILLING, E	.LC					,, m	110-00	'
Principal Plac	e of Business	Mailing Address			A				
300 S. PARK RD		300 S. PARK RD			WX				
HOLLYWOOD	, FL 33021	HOLLYWOOD, FL 330	21		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
						CONE CION CON CENT UT		IN INDIA BII DE DI	11 33 6 111 1 33 6
2. Principal P	lace of Business	3. Mailing Address							
Principal Place of Business Results Results		2828 Croasdaile Dr			118911811 811	F9 8 8 88 88 88	iii 30iii 90i0i i	III I ABIS SI INI Q 4	7001 HI 1001
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01182005	Chg-LLC	CR2E0	83 (10/03)	
City & State	e	City & State			4. FEI Numbe			ΙΔr	pplied For
Durham,		Durham, NC			20-06				ot Applicable
Zip	Country	Zip	Country		5 Cortificate	of Status Desired		\$5.00 Add	ditional
27705		27705						Fee Require	r d
	6. Name and Address of Current	Registered Agent	Nam	10	7. Name and	Address of New I	Registered A	Agent	
C T CORP	ORATION SYSTEM		1,481						
1200 SOU	TH PINE ISLAND ROAD	•	Stre	et Address (P.O. Box Numbe	r is Not Acceptabl	le)		
PLANTATI	ON, FL 33324								
			-						
			City				FL	Zip Cod	e
8. The above the obligation	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered offic	e or register	red agent, or bot	h, in the State of Fl	orida. I am	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	TOUR of applicability of the total	E: Registered Agent s				DATE		
	and acre, types or printed harmout registered agents	To this it applicable. (1401	C. negisiereu Agent s	Gustne ledoked	wilen lewistating)		DATE	•	
	ling Fee is \$50.00 ue by May 1, 2005						ke check p a Departm	ayable to ent of State	e
		RS/MANAGERS	10.				a Departm	ent of State	e
Di	ue by May 1, 2005	RS/MANAGERS	10.			Florid	a Departm	ent of State	Addition
9. THEE NAME	MANAGING MEMBE MGRP Steven M. Scott. M	Delete	TITLE			Florid	a Departm	ent of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRP Steven M. Scott, M 2828 Croasdaile Dr	Delete	TITLE NAME STREET ADDRE	ss		Florid	a Departm	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRP Steven M. Scott, M 2828 Croasdaile Dr Durham, NC 27705	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		Florid	a Departm	ent of State	☐ Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRP Steven M. Scott, M 2828 Croasdaile Dr Durham, NC 27705 ST	Delete	TITLE NAME STREET ADDRE	SS		Florid	a Departm	ent of State	
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SIGNATURE: Anita S. Wegner, Sec 01-25-05 919-425-1500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Proce #