



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000008765 1. Entity Name PHOENIX HEALTHCARE BILLING, LLC	
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Principal Place of Business 2828 CROASDAILE DR DURHAM, NC 27705	Mailing Address 2828 CROASDAILE DR DURHAM, NC 27705
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DO NOT WRITE IN THIS SPACE

FILED
06 MAR -1 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0682075	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**


9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRP SCOTT, STEVEN M MD 2828 CROASDAILE DR DURHAM, NC 27705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WEGNER, ANITA S 2828 CROASDAILE DR DURHAM, NC 27705
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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:  Anita S. Wegner 02-17-06 919 425 1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #