

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000018736

Entity Name: MED-BILL SERVICES, LLC

**FILED**  
**Jan 04, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

6647 COOPERS HAWK CT.  
LAKEWOOD RANCH, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

6647 COOPERS HAWK CT.  
LAKEWOOD RANCH, FL 34202

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORD, TOLISA C  
6647 COOPERS HAWK CT.  
LAKEWOOD RANCH, FL 34202 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FORD, TOLISA C  
Address: 6647 COOPERS HAWK CT.  
City-St-Zip: LAKEWOOD RANCH, FL 34202

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: TOLISA C. FORD

MGRM

01/04/2005

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