

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018736

Entity Name: MED-BILL SERVICES, LLC

FILED  
Feb 12, 2008  
Secretary of State

**Current Principal Place of Business:**

6647 COOPERS HAWK CT.  
LAKEWOOD RANCH, FL 34202

**New Principal Place of Business:**

6647 COOPERS HAWK CT  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

6647 COOPERS HAWK CT.  
LAKEWOOD RANCH, FL 34202

**New Mailing Address:**

6647 COOPERS HAWK CT  
LAKEWOOD RANCH, FL 34202

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/MANAGERS:**

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

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: TOLISA C. FORD

MGRM

02/12/2008

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