

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022038

FILED
Apr 04, 2005
Secretary of State

Entity Name: MED-PRO BILLING SOLUTIONS, LLC

Current Principal Place of Business:

1626 PEBBLE BEACH BLVD.
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

1626 PEBBLE BEACH BLVD.
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 20-0840987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNCAN, PATRICIA
1626 PEBBLE BEACH BLVD.
GREEN COVE SPRINGS, FL 32043 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: DUNCAN, PATRICIA B
Address: 1626 PEBBLE BEACH BLVD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM () Delete
Name: DUNCAN, PATRICIA B
Address: 1626 PEBBLE BEACH BLVD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: DUNCAN, DANIEL F
Address: 1626 PEBBLE BEACH BLVD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: PATRICIA B. DUNCAN

MGRM

04/04/2005

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