

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024128

FILED
Apr 29, 2005
Secretary of State

Entity Name: UNIFIED MEDICAL BILLING SOLUTIONS, LLC

Current Principal Place of Business:

4915 W. SAN JOSE STREET
TAMPA, FL 33629

New Principal Place of Business:

4915 W. SAN JOSE STREET
TAMPA, FL 33629 US

Current Mailing Address:

4915 W. SAN JOSE STREET
TAMPA, FL 33629

New Mailing Address:

4915 W. SAN JOSE STREET
TAMPA, FL 33629 US

FEI Number: 36-4562039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREDERICK, ALFRED W
4915 W. SAN JOSE STREET
TAMPA, FL 33629 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: FREDERICK, ALFRED W
Address: 4915 W. SAN JOSE STREET
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: FREDERICK, INMACULADA C
Address: 4915 W. SAN JOSE STREET
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: LEAL, MARIA A
Address: 2402 S. DUNDEE STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FREDERICK, ALFRED W
Address: 4915 W. SAN JOSE STREET
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM (X) Change () Addition
Name: FREDERICK, INMACULADA C
Address: 4915 W. SAN JOSE STREET
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM (X) Change () Addition
Name: LEAL, MARIA A
Address: 2402 S. DUNDEE STREET
City-St-Zip: TAMPA, FL 33629 US

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: ALFRED W FREDERICK

MGRM

04/29/2005

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