# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 18, 2005**
**Secretary of State**

DOCUMENT# L04000044390

**Entity Name:** ALEXANDER MEDICAL BILLING LLC

**Current Principal Place of Business:**

10613 PIAZZA FONTANA
WEST PALM BEACH, FL 33412 US

**New Principal Place of Business:**

**Current Mailing Address:**

10613 PIAZZA FONTANA
WEST PALM BEACH, FL 33412 US

**New Mailing Address:**

**FEI Number: 02-0725118** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

SKOLNICK, NICOLA
10613 PIAZZA FONTANA
WEST PALM BEACH, FL 33412 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: MGMR ( ) Delete
Name: SKOLNICK, NICOLA
Address: 10613 PIAZZA FONTANA
City-St-Zip: WEST PALM BEACH, FL 33412 US

**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: NICOLA SKOLNICK MGMR 07/18/2005

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