

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90138 028 ****50.00

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|---|---|---------------------------------|--|---|---|
| DOCUMENT # L04000048802 1. Entity Name RELY-A-BILL MEDICAL BILLING SERVICES LLC. | | | | | |
| Principal Place of Business 8256 ABALONE POINT BLVD. LAKE WORTH, FL 33467 US | | | Mailing Address 8256 ABALONE POINT BLVD. LAKE WORTH, FL 33467 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 20-1306127 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent COHEN, AMY B 11458 COUNTRY SOUND COURT BOCA RATON, FL 33428 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | FL Zip Code | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COHEN, AMY B 11458 COUNTRY SOUND COURT BOCA RATON, FL 33428 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GALIN, FRANCINE 8256 ABALONE POINT BLVD. LAKE WORTH, FL 33467 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Amy B. Cohen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | 03/17/2005 (601) 242-7865 <small>Date Daytime Phone #</small> | |