

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90023 009 \*\*\*\*50.00

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02212005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000053570</b> 1. Entity Name <b>MEDRECEIVABLES ADVISOR, LLC</b>					
Principal Place of Business <b>2500 NORTH MILITARY TRAIL, SUITE 283 BOCA RATON, FL 33431</b>			Mailing Address <b>2500 NORTH MILITARY TRAIL, SUITE 283 BOCA RATON, FL 33431</b>		
2. Principal Place of Business <b>3363 W Commercial Blvd.</b> Suite, Apt. #, etc. <b>100</b>		3. Mailing Address <b>P.O. Box 812170</b> Suite, Apt. #, etc.			
City & State <b>Fort Lauderdale FL</b> Zip <b>33309</b>		City & State <b>Boca Raton FL</b> Zip <b>33481</b>		4. FEL Number <b>90-0188725</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>Brwd.</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, 28TH FL MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>Donald T. Cohen</b> Street Address (P.O. Box Number is Not Acceptable) <b>3363 W Commercial Blvd. #100</b> City <b>Ft. Laud., FL 33309 FL</b> Zip Code	
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. SIGNATURE <span style="float: right;">2-22-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			<b>President &amp; Chief Executive Officer</b> <b>Donald T. Cohen</b> <b>3363 W Commercial Blvd. #100</b> <b>Ft. Laud., FL 33309</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Date <b>2-22-05</b> Daytime Phone # <b>5615177790</b>		