

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055401

FILED
Apr 25, 2005
Secretary of State

Entity Name: MEDICAL BILLING OF SOUTH FLORIDA LLC

Current Principal Place of Business:

7250 N.W. 177 STREET
APT. 104
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

7250 N.W. 177 STREET
APT. 104
MIAMI, FL 33015

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COCHRANE, CYRA
7250 N.W. 177 STREET
APT. 104
MIAMI, FL 33015 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: MGR () Delete
Name: COCHRANE, CYRA A
Address: 7250 N.W. 177 STREET, #104
City-St-Zip: MIAMI, FL 33015

Title: MGRM () Delete
Name: COCHRANE, MICHAEL D
Address: 7250 N.W. 177 STREET, #104
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES:

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

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: CYRA COCHRANE

MGR

04/25/2005

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