

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000057191**

1. Entity Name  
**ER MEDICAL BILLING SERVICES LLC**



Principal Place of Business  
**96480 CHESTER ROAD  
YULEE, FL 32097**

Mailing Address  
**96480 CHESTER ROAD  
YULEE, FL 32097**



03012008 No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-3724356**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WARBURTON, ED  
96480 CHESTER ROAD  
YULEE, FL 32097**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

11111111466432  
03/23/06-R0009-023 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	HAMILTON, ROBIN
STREET ADDRESS	96480 CHESTER ROAD
CITY- ST- ZIP	YULEE, FL 32097
TITLE	MGR
NAME	WARBURTON, ED
STREET ADDRESS	96480 CHESTER ROAD
CITY- ST- ZIP	YULEE, FL 32097
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Robin Hamilton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*3-8-06*

*904-321-1232*