

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060259

FILED
Apr 01, 2005
Secretary of State

Entity Name: EMEDICAL BILLING SOLUTIONS LLC

Current Principal Place of Business:

6649 FORSET HILL BLVD
WEST PALM BEACH, FL 33413

New Principal Place of Business:

Current Mailing Address:

6649 FORSET HILL BLVD
WEST PALM BEACH, FL 33413

New Mailing Address:

FEI Number: 11-3725379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEE, JEFF SR
10121 CALUMET LANE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

LEE, JEFF SR
6649 FOREST HILL BLVD.
WEST PALM BEACH, FL 33413 US

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: JEFFREY C. LEE, SR.

04/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LEE, JEFF SR
Address: 10121 CALUMET LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM () Delete
Name: LEE, JEFF JR
Address: 1205 HATTERAS CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEE, JEFF SR
Address: 6649 FOREST HILL BLVD.
City-St-Zip: WEST PALM BEACH, FL 33413

Title: MGRM (X) Change () Addition
Name: LEE, JEFF JR
Address: 13804 80TH LANE NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

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: JEFFREY C. LEE, SR.

MGRM

04/01/2005

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