2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# L04000063098

Entity Name: HEALTHCARE BILLING PROS, LLC

Current Principal Place of Business:

7777 N UNIVERSITY DRIVE
SUITE 101-SOUTH
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

7777 N UNIVERSITY DRIVE
SUITE 101-SOUTH
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 20-1542813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBLEDO, ANTHONY
8180 NW 36 STREET
SUITE 100
MIAMI, FL 33166 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/MANAGERS:

Title: MGRM ( ) Delete
Name: GREEN, MATTHEW
Address: 2583 TIMBERCREEK CIRCLE
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM ( ) Delete
Name: CUERVO, JORGE
Address: 1116 NW 133RD AVE
City-St-Zip: SUNRISE, FL 33323 US

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: JORGE CUERVO CEO 06/29/2005

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