

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063098

FILED  
Apr 11, 2006  
Secretary of State

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 ( )

**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 Chapter 119, 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

04/11/2006

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