2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000068073

Entity Name: G.A.P. MEDICAL BILLING & CONSULTANTS, L.L.C.

Current Principal Place of Business:

7905 PRESERVE CIR.
#127
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 111793
NAPLES, FL 34108

New Mailing Address:

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

Name and Address of Current Registered Agent:

TROCOLA, TAMMY J
7905 PRESERVE CIR
#127
NAPLES, FL 34119 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: READER, LORI
Address: 6949 LONE OAK BLVD
City-St-Zip: NAPLES, FL 34109 US

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: LORI READER MGR 04/29/2005

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