2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076244

Entity Name: TAMIAMI MEDICAL BILLING SERVICES, LLC

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2625 TAMIAMI TRAIL 2625 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952

UNIT 2

PORT CHARLOTTE, FL 33952 US

Current Mailing Address: New Mailing Address:

2625 TAMIAMI TRAIL P.O. BOX 494661

PORT CHARLOTTE, FL 339494661 UNIT 2

PORT CHARLOTTE, FL 33952

FEI Number: 20-1776814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POULSEN, LANCE K POULSEN, LANCE K 2625 TAMÍAMI TRAIL 2625 TAMIÁMI TRAIL

PORT CHARLOTTE, FL 33952 UNIT 2 US PORT CHARLOTTE, FL 33952 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: 04/13/2005

> Date Electronic Signature of Registered Agent

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

() Delete Title: MGRM () Change (X) Addition

REISCHMANN, MIKE Name: Name: Address: Address: 1895 IRMA RD. City-St-Zip: City-St-Zip: EUSTIS, FL 32726

Title: Title: MGR () Change (X) Addition () Delete

Name: Name: LYNCH, W T

Address: Address: 395 GREEN DOLPHIN City-St-Zip: City-St-Zip: CAPE HAZE, FL 33946

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: MIKE REISCHMANN **MGRM** 04/13/2005