

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90130 029 \*\*\*\*50.00

DOCUMENT # L04000089563

1. Entity Name

MD BILLING SOLUTIONS, LLC



Principal Place of Business

7120 CARAWAY LANE  
SOUTHPORT FL 32409

Mailing Address

7120 CARAWAY LANE  
SOUTHPORT FL 32409

20012216



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

7120 Caraway Lane

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 374

Suite, Apt. #, etc.

City & State

Southport FL

Zip

32409

Country

USA

City & State

Lynn Haven, FL

Zip

32444

Country

usa

4. FEI Number

20-2139438

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOUTWELL, DONNA J  
7120 CARAWAY LANE  
SOUTHPORT FL 32409

7. Name and Address of New Registered Agent

Name Jason Glenn Boutwell

Street Address (P.O. Box Number is Not Acceptable)

7120 Caraway Lane

City

Southport

FL

Zip Code

32409

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jason Glenn Boutwell

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	BOUTWELL, DONNA J	
STREET ADDRESS	7120 CARAWAY LANE	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Donna Joleen Boutwell		
STREET ADDRESS	7120 Caraway Lane		
CITY-ST-ZIP	Southport, FL 32409		
TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Jason Glenn Boutwell		
STREET ADDRESS	7120 Caraway Lane		
CITY-ST-ZIP	Southport, FL 32409		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Donna Joleen Boutwell / Donna Joleen Boutwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

2/14/05

Daytime Phone #

850-819-3982