



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90033 020 ****50.00

DOCUMENT # L04000091838 1. Entity Name MEDICAL BILLING SOLUTIONS, LLC					
Principal Place of Business 4703 NORTH ARMENIA AVENUE TAMPA, FL 33603			Mailing Address 4703 NORTH ARMENIA AVENUE TAMPA, FL 33603		
2. Principal Place of Business 4728 N. Habana Ave Suite, Apt. #, etc. Suite 303 City & State Tampa FL Zip 33614		3. Mailing Address 4728 N. Habana Ave Suite, Apt. #, etc. Suite 303 City & State Tampa FL Zip 33614			
4. FEI Number 20-2031116		04252006 Chg-LLC CR2E083 (11/05) Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent WILLIAMS, ROBERT S 100 E. MADISON STREET, SUITE 300 TAMPA, FL 33602			
7. Name and Address of New Registered Agent Name American Information Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 401 E. Jackson St. Suite 1700 City Tampa		FL Zip Code 33602			
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 <u>Joseph Rugg</u> DATE <u>4/25/06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARI, RUDOLFO 4703 N ARMENIA AVE TAMPA, FL 33603		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Scott Lowe 4726 N. Habana Ave Suite 204 Tampa, FL 33614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Mike Doyle 4726 N. Habana Ave Suite 204 Tampa, FL 33614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rodolfo Gari 4726 N. Habana Ave Suite 204 Tampa, FL 33614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Scott Lowe</u>			4/25/06 813569-6500		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					