

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90365 001 ****50.00

DOCUMENT # L04000091838					
1. Entity Name MEDICAL BILLING SOLUTIONS, LLC					
Principal Place of Business 4728 NORTH HABANA AVE SUITE 303 TAMPA, FL 33614			Mailing Address 4728 NORTH HABANA AVE SUITE 303 TAMPA, FL 33614		
2. Principal Place of Business - No P.O. Box # 5501 W. Gray St.		3. Mailing Address 5501 W. Gray St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa FL		4. FEI Number 20-2031116	
Zip 33609		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 401 EAST JACKSON ST SUITE 1700 TAMPA, FL 33602			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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>Joe Rugg</u>				DATE <u>4/17/07</u>	
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007			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	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LOWE, SCOTT 4726 NORTH HABANA AVE SUITE 204 TAMPA, FL 33614	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DOYLE, MIKE 4726 NORTH HABANA AVE SUITE 204 TAMPA, FL 33614	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARI, RODOLFO 4726 NORTH HABANA AVE SUITE 204 TAMPA, FL 33614	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<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>				DATE <u>4/17/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # <u>813569-6500</u>	