


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90111 026 ***138.75

DOCUMENT # L04000091838 1. Entity Name MEDICAL BILLING SOLUTIONS, LLC	
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Principal Place of Business 5501 W GRAY ST TAMPA, FL 33609	Mailing Address 5501 W GRAY ST TAMPA, FL 33609
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60023401



04032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

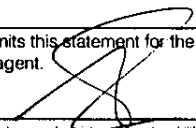
4. FEI Number 20-2031116	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LOWE, SCOTT 5501 W GRAY ST TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DOYLE, MIKE 5501 W GRAY ST TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARI, RODOLFO 5501 W GRAY ST TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE** Date: _____ Daytime Phone #: _____