

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038784

FILED
May 17, 2006
Secretary of State

Entity Name: STONEYBROOK MEDICAL BILLING & CONSULTING LLC

Current Principal Place of Business:

PO BOX 784083
WINTER GARDEN, FL 34778

New Principal Place of Business:

Current Mailing Address:

PO BOX 784083
WINTER GARDEN, FL 34778

New Mailing Address:

FEI Number: 11-3748120 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCINTYRE, RYAN B
2442 OAKINGTON STREET
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCINTYRE, RYAN B
Address: 2442 OAKINGTON STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR () Delete
Name: MCINTYRE, LEAH S
Address: 2442 OAKINGTON STREET
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCINTYRE, RYAN B
Address: PO BOX 784083
City-St-Zip: WINTER GARDEN, FL 34778

Title: MGR (X) Change () Addition
Name: MCINTYRE, LEAH S
Address: PO BOX 784083
City-St-Zip: WINTER GARDEN, FL 34778

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RYAN B MCINTYRE

MGR

05/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date