

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038784

FILED  
Mar 19, 2012  
Secretary of State

**Entity Name:** STONEYBROOK MEDICAL BILLING & CONSULTING LLC

**Current Principal Place of Business:**

2442 OAKINGTON STREET  
WINTER GARDEN, FL 34787

**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 ( )

**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  
Name: MCINTYRE, RYAN B  
Address: PO BOX 784083  
City-St-Zip: WINTER GARDEN, FL 34778

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

I hereby 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

03/19/2012

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