2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# L05000080993

Entity Name: DOCTORS BILLING SPECIALISTS, LLC

Current Principal Place of Business:

5225 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

New Principal Place of Business:

5225 CENTRAL AVENUE
ST. PETERSBURG, FL 33710

Current Mailing Address:

5225 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

New Mailing Address:

5225 CENTRAL AVENUE
ST. PETERSBURG, FL 33710

FEI Number: 20-3378611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYRNE, JAMES A ESQ.
540 FOURTH STREET NORTH
ST. PETERSBURG, FL 33701 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: MGRM ( ) Delete
Name: ESPINOLA, TRINA E
Address: 603 SEVENTH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ESPINOLA, TRINA E
Address: 603 SEVENTH STREET SOUTH # 580
City-St-Zip: ST. PETERSBURG, FL 33701

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: JOSEPHINE A FOOSE ADM 02/06/2007

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