

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080993

FILED  
Jan 14, 2008  
Secretary of State

**Entity Name:** DOCTORS BILLING SPECIALISTS, LLC

**Current Principal Place of Business:**

5225 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

5225 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

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 # 580  
City-St-Zip: ST. PETERSBURG, FL 33701

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ESPINOLA, TRINA E  
Address: 625 SIXTH AVENUE SOUTH SUITE #385  
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify 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: TRINA E. ESPINOLA

MGRM

01/14/2008

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