

LO5000089901

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRECISION MEDICAL BILLING LLC
(Name of Corporation)

DOCUMENT NUMBER: L05000089901

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LYNDA COGGINS
(Name of Contact Person)

PRECISION MEDICAL BILLING LLC
(Firm/Company)

3721 VILLAGE ESTATES PLACE
(Address)

TAMPA, FLORIDA 33618
(City/State and Zip Code)

For further information concerning this matter, please call:

LYNDA COGGINS at (813) 969-4391
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2006

LYNDA COGGINS
3721 VILLAGE ESTATES PLACE
TAMPA, FL 33618

SUBJECT: PRECISION MEDICAL BILLING LLC
Ref. Number: L05000089901

We have received your document for PRECISION MEDICAL BILLING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 706A000484

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Precision Medical Billing LLC
2. The mailing address of the limited liability company is: 1135 Pasadena Avenue
South, Suite 231 South Pasadena, FL 33707
- 9/12/05 LO5000089901
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

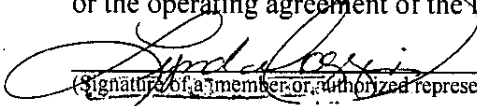
Karen Brafford
Name
4900 62nd Avenue South
Address
St. Petersburg, FL 33715
City, State and Zip

6. The name and address of the new registered agent and/or office:

Lynda Coggins
Name
3721 Village Estates Place
Florida street address (P.O. Box NOT acceptable)
Tampa, FL 33618
City, State and Zip


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

LYNDA COGGINS
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00