

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000095763

FILED  
Oct 13, 2006  
Secretary of State

**Entity Name:** FLORIDA PHYSICIANS BILLING SERVICES LLC

**Current Principal Place of Business:**

1713 SW HEALTH PARKWAY  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

1713 SW HEALTH PARKWAY  
SUITE 1  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
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:**

FREDLUND, CAROL C  
6115 ISLAND PARK COURT  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

MOEBIUS, LINDA M  
1713 S.W. HEALTH PARKWAY  
SUITE 1  
NAPLES, FL 34109 US

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: LINDA M MOEBIUS

10/13/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCGANN, ROBERT C  
Address: 1713 SW HEALTH PARKWAY  
City-St-Zip: NAPLES, FL 34109

Title: MGR ( ) Delete  
Name: HOBAICA, PAUL J  
Address: 1713 SW HEALTH PARKWAY  
City-St-Zip: NAPLES, FL 34109

Title: MGR ( ) Delete  
Name: WEAVER, JOHN J  
Address: 1713 SW HEALTH PARKWAY  
City-St-Zip: NAPLES, FL 34109

Title: MGR ( ) Delete  
Name: FREDLUND, CAROL C  
Address: 6115 ISLAND PARK COURT  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: MOEBIUS, LINDA M  
Address: 1713 S.W. HEALTH PARKWAY  
City-St-Zip: NAPLES, FL 34109

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: LINDA M MOEBIUS

MGR

10/13/2006

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