

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000114611

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** PHYSICIAN'S BILLING & CONSULTING, LLC

**Current Principal Place of Business:**

6827 CAROLINE STREET  
MILTON, FL 32570 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 893  
MILTON, FL 32572 US

**New Mailing Address:**

**FEI Number:** 20-3870439

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROGERS, REBECCA L  
9213 HIGHWAY 87 NORTH  
MILTON, FL 32570 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: ROGERS, REBECCA L  
Address: 9213 HIGHWAY 87 NORTH  
City-St-Zip: MILTON, FL 32570 US

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: REBECCA L ROGERS

MGR

02/22/2011

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