2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# L06000039598

Entity Name: PAYMENT PLUS MEDICAL BILLING SERVICES, LLC

Current Principal Place of Business:

401 SOUTHWEST FOURTH AVENUE
APT. 805
FORT LAUDERDALE, FL 33315 US

New Principal Place of Business:

Current Mailing Address:

401 SOUTHWEST FOURTH AVENUE
APT. 805
FORT LAUDERDALE, FL 33315 US

New Mailing Address:

FEI Number: 51-0580313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIEDEL, CAITLIN
401 SOUTHWEST FOURTH AVENUE
APT. 805
FORT LAUDERDALE, FL 33315 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: RIEDEL, CAITLIN
Address: 407 SOUTHWEST FOURTH AVENUE, APT. 805
City-St-Zip: FORT LAUDERDALE, FL 33315 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RIEDEL, CAITLIN
Address: 401 SOUTHWEST FOURTH AVENUE, APT. 805
City-St-Zip: FORT LAUDERDALE, FL 33315 US

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: CAITLIN RIEDEL MGRM 04/02/2007

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