

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

04-19-2007 90037 007 ****50.00

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04152007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5248897** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

DOCUMENT # L06000066626
1. Entity Name
G.C. MEDICAL BILLING SPECIALISTS, LLC



Principal Place of Business
**5824 BEE RIDGE ROAD, SUITE 222
SARASOTA, FL 34233**

Mailing Address
**5824 BEE RIDGE ROAD, SUITE 222
SARASOTA, FL 34233**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**VOIGT, STEPHEN F SR.
2042 BEE RIDGE ROAD
SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICK, D 5824 BEE RIDGE ROAD, SUITE 222 SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICK, D 5824 BEE RIDGE ROAD, SUITE 222 SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

D. P. Patz

4-16-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #