

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90135 026 ***138.75

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

DO NOT WRITE IN THIS SPACE



02032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-5248897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required.

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PATRICK, D
5824 BEE RIDGE ROAD, SUITE 222
SARASOTA, FL 34233

TITLE
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STREET ADDRESS
CITY-ST-ZIP
MGRM
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CITY-ST-ZIP

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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: _____

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

Date

Daytime Phone #

Dennis Patrick 2/6/08