

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/29/07

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-29-2007 90150 028 ****50.00

DOCUMENT # L06000085064

1. Entity Name
ACCURATE BILLING COMPANY, LLC



Principal Place of Business
**878 109TH AVENUE NORTH
 NAPLES, FL 34108**

Mailing Address
**878 109TH AVENUE NORTH
 NAPLES, FL 34108**



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

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

City & State

Zip Country

01172007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5456326

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FOWLER WHITE BOGGS BANKER P.A.
 5811 PELICAN BAY BLVD.
 NAPLES, FL 34108**

7. Name and Address of New Registered Agent

Mr
Mark S. Russo, MD, PhD

St
878 109th Avenue No. Suite # 2

City
Naples, FL 34108

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 *Mark S. Russo* DATE 1/19/07

Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR RUSSO, MARK S 878 109TH AVENUE NORTH NAPLES, FL 34108 <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: *Mark S. Russo* DATE 2/14/07 239 - 513-1002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #