

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101114

FILED
Sep 11, 2007
Secretary of State

Entity Name: PARADISE MEDICAL BILLING AND CONSULTING, LLC

Current Principal Place of Business:

364 4TH STREET NW
LARGO, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2036
LARGO, FL 33779 US

New Mailing Address:

FEI Number: 20-5731314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NORVELL, DAVID
364 4TH STREET NW
LARGO, FL 33770 US

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: NORVELL, DAVID
Address: 364 4TH STREET NW
City-St-Zip: LARGO, FL 33770 US

Title: MGRM () Delete
Name: NORVELL, M L
Address: 364 4TH STREET NW
City-St-Zip: LARGO, FL 33770 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID B NORVELL

MGRM

09/11/2007

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