2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007
Secretary of State

DOCUMENT# L06000107799

Entity Name: MEDICAL BILLING SERVICES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

711 BUSINESS PARK BLVD
SUITE 105
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

6665 FESTIVAL LN
ORLANDO, FL 32818 US

New Mailing Address:

FEI Number: 20-5850834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOODELL, FELICIA B
214 N BOYD ST
WINTER GARDEN, FL 34787 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: GOODELL, FELICIA
Address: 214 N BOYD ST
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: MGRM ( ) Delete
Name: GOODELL, LUANN
Address: 6665 FESTIVAL LN
City-St-Zip: ORLANDO, FL 32818 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 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: FELICIA B GOODELL MGRM 02/15/2007

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