

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118617

FILED
Jul 06, 2007
Secretary of State

Entity Name: MEDICAL MANAGEMENT AND BILLING LLC

Current Principal Place of Business:

4437 KATY DRIVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

4437 KATY DRIVE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 22-3949647 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: HALL, RONALD
Address: 4437 KATY DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGR () Delete
Name: HALL, DEBORAH
Address: 4437 KATY DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S () Delete
Name: HALL, RONALD
Address: 4437 KATY DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T () Delete
Name: HALL, DEBORAH
Address: 4437 KATY DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES:

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

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

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: DEBORAH HALL

MGR

07/06/2007

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