

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000120178

1. Entity Name
CAREMED PHYSICIAN BILLING SERVICES, LLC



Principal Place of Business

**941 SW100 TERR
PEMBROKE PINES, FL 33025 US**

Mailing Address

**9965 MIRAMAR PARKWAY, SUITE 196
MIRAMAR, FL 33025 US**



03232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-8051765

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 33612-3425**

**DO NOT WRITE
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)

000000881924

04/16/08-80020-019 143.75

**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
LOPEZ, CARRIE
9965 MIRAMAR PARKWAY, SUITE 196
MIRAMAR, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

Carrie Lopez

3-25-08

(954) 439-5106

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

Date

Daytime Phone #