2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055135

Entity Name: BILLING SERVICES OF FLORIDA, LLC

FILED Feb 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15620 FARNSWORTH LANE TAMPA, FL 33624

Current Mailing Address: New Mailing Address:

15620 FARNSWORTH LANE TAMPA, FL 33624

FEI Number: 26-0227781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAROLD, ACEVEDO 15620 FARNSWORTH LANE TAMPA, FL 33624 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: ADDITIONAL ADDITI

ADDITIONS/CHANGES:

Title: PRES () Delete Title: () Change () Addition

 Name:
 RIVERA, MYRNA T
 Name:

 Address:
 15620 FARNSWORTH LANE
 Address:

 City-St-Zip:
 TAMPA, FL 33624
 City-St-Zip:

Title: VP () Delete Title: EVP (X) Change () Addition

 Name:
 BLAKE, DOROTHEA A
 Name:
 ACEVEDO, HAROLD

 Address:
 15620 FARNSWORTH LANE
 15620 FARNSWORTH LANE

 City-St-Zip:
 TAMPA, FL 33624
 City-St-Zip:
 TAMPA, FL 33624

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 ACEVEDO, HAROLD JR.
 Name:

 Address:
 15620 FARNSWORTH LANE
 Address:

 City-St-Zip:
 TAMPA, FL 33624
 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: MYRNA RIVERA PRES 02/22/2008