

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011198

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: MEDICAL BILLING AND COLLECTING, LLC

**Current Principal Place of Business:**

4620 N STATE ROAD 7  
STE 316  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

4620 N STATE ROAD 7, BLDG. H  
STE 316  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

4620 N STATE ROAD 7  
STE 316  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

4620 N STATE ROAD 7, BLDG. H  
STE 316  
LAUDERDALE LAKES, FL 33319

FEI Number: 26-1935695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEDIATRIC ASSOCIATES  
4620 N STATE ROAD 7  
STE 316  
LAUDERDALE LAKES, FL 33319 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: LEVIN, PHILIP  
Address: 4620 N. STATE ROAD 7, STE 316, BLDG H  
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: PHILIP LEVIN, MD

P

04/29/2009

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