


FILE NOW: Fee after May 1, will be \$588.75

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97 MAY -5 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company PHYSICIANS BILLING AND COLLECTIONS SERVICE S, L.C. 35246 U.S HWY 19, STE. 217 PALM HARBOR FL 34683	DOCUMENT #L95000000859
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1a. Principal Place of Business Address 35246 U.S HWY 19, STE. 217 PALM HARBOR FL 34683

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified 1/08/1995	3a. State of Formation FL
4. FEI Number 59-3365602	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 05/17/1996	6. Certificate of Status Desired <input type="checkbox"/> SR 75 Additional Fee Required

7. Name and Address of Current Registered Agent SCHAFSTALL, BRENDA 35246 U.S HWY 19, STE. 217 PALM HARBOR FL 34683
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8. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SCHAFSTALL, BRENDA	35246 U.S HWY 19, STE. 217	PALM HARBOR FL
			000002176530--0 -05/13/97--01063--011 ****203.75 ****203.75
			<i>A. Alvar</i> 5/5/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *B. Schafstall* **B. Schafstall** **4-29-97 (813) 844-3976**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #