

<sup>2nd</sup> and **FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 AUG 10 AM 8:41

**FILING FEE \$ 588.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L95000000859**  
**PHYSICIANS BILLING AND COLLECTIONS SERVICE**  
**S.L.C. S, L.C.**  
**35246 U.S. HWY 19, STE. 217**  
**PALM HARBOR FL 34683**

1a. Principal Place of Business Address

**35246 U.S. HWY 19, STE. 217**  
**PALM HARBOR FL 34683**

2. Principal Place of Business

**(Same)**  
Suite, Apt. #, etc.

2a. Mailing Address

**4111 16<sup>th</sup> Street N**  
Suite, Apt. #, etc.

City & State

City & State

**St Petersburg FLA.**

Zip

Country

Zip

Country

**33703 Pineellas**

3. Date Organized or Qualified

**11/08/1995**

3a. State of Formation

**FL**

4. FEI Number

**59-3365602**

☐ Applied For

☐ Not Applicable

5. Date of Last Report

**05/05/1997**

6. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

**SCHAFSTALL, BRENDA**  
**35246 U.S. HWY 19, STE. 217**  
**PALM HARBOR FL 34683**

8. Name and Address of New Registered Agent/Office

Name

**Judy Pettit**  
Street Address (P.O. Box Number is Not Acceptable)  
**4111 16<sup>th</sup> Street N.**  
Suite, Apt. #, etc.

**St Petersburg FLA**

City

Zip Code

**St Petersburg FL 33703**

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

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

DATE

**8/6/98**

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

**MGRM SCHAFSTALL, BRENDA**  
**Judy Pettit**

**35246 U.S. HWY 19, STE. 217**  
**4111 16<sup>th</sup> Street N**

**PALM HARBOR FL**  
**St Petersburg, FL**  
**33703**

**MA**

**300002616249--6**  
**-08/14/98--01049--017**  
**\*\*\*\*588.75 \*\*\*\*588.75**

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

**8/6/98**