

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90195 041 ****50.00

DOCUMENT # M00000001664

1. Entity Name
PHYSERV LLC

Principal Place of Business
**676 NORTH MICHIGAN AVE., SUITE 3000
 CHICAGO IL 60611**

Mailing Address
**676 NORTH MICHIGAN AVE., SUITE 3000
 CHICAGO IL 60611**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4385156**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MEM	<input type="checkbox"/> Delete
NAME	HEALTHCARE BILLING LLC	
STREET ADDRESS	676 N. MICHIGAN AVE., STE. 3000	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

HEALTHCARE BILLING LLC, Sole Member

SIGNATURE: By: *Lloyd J. Baretz* **SIGNATURE REQUIRED**

4/22/02

312-943-3900

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

Date

Daytime Phone #

CR2E083 (9/01)

0462247