

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001186

FILED  
Jan 23, 2008  
Secretary of State

Entity Name: DUVERA BILLING SERVICES, LLC

**Current Principal Place of Business:**

1959 PALOMAR OAKS WAY, SUITE 340  
CARLSBAD, CA 92011

**New Principal Place of Business:**

**Current Mailing Address:**

1959 PALOMAR OAKS WAY, SUITE 340  
CARLSBAD, CA 92011

**New Mailing Address:**

FEI Number: 33-0965689

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGRM ( ) Delete  
Name: VERTREES, SCOTT  
Address: 5620 PASEO DEL NORTE #127-337  
City-St-Zip: CARLSBAD, CA 92008

Title: MGRM ( ) Delete  
Name: KOENIG, HOWARD  
Address: 34145 PACIFIC COAST HWY., STE. 301  
City-St-Zip: DANA POINT, CA 92629

Title: MGRM ( ) Delete  
Name: CHALEFF, NORMAN  
Address: 48 SHERIDAN AVE.  
City-St-Zip: WEST ORANGE, NJ 07052

Title: MGRM ( ) Delete  
Name: STEIN, GLEN  
Address: 2063 NW 19TH WAY  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: SCOTT VERTREES

MGRM

01/23/2008

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