2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001847

Apr 13, 2006 Secretary of State

Entity Name: PATIENT ACCOUNTING SERVICE CENTER, LLC

Current Principal Place of Business: New Principal Place of Business:

20819 72ND AVENUE SOUTH, STE. 300 KENT, WA 98032

Current Mailing Address: New Mailing Address:

2828 N HASKELL BUILDING 1, FLOOR 10 DALLAS, TX 75204

FEI Number: 91-1796431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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: ADDITIONS/CHANGES:

 Title:
 P
 () Delete
 Title:
 MGR
 (X) Change () Addition

 Name:
 BLODGETT, TOM
 Name:
 DECKELMAN, WILLIAM L

 Address:
 2432 FORTUNE DR, STE 120
 Address:
 2828 N HASKELL AVE., FL.-10

 City-St-Zip:
 LEXINGTON, KY 40509
 City-St-Zip:
 DALLAS, TX 75204

Title: V (X) Delete Title: () Change () Addition

 Name:
 REXFORD, JOHN H
 Name:

 Address:
 2828 N HASKELL, BLDG 1, FL-10
 Address:

 City-St-Zip:
 DALLAS, TX 75204
 City-St-Zip:

Title: VSD (X) Delete Title: () Change () Addition

 Name:
 DECKELMAN, WILLIAM JR
 Name:

 Address:
 2828 N HASKELL, BLDG 1, FL-10
 Address:

 City-St-Zip:
 DALLAS, TX 75204
 City-St-Zip:

Title: T (X) Delete Title: () Change () Addition

 Name:
 VINEYARD, NANCY P
 Name:

 Address:
 3988 N CENTRAL EXPWY, BLDG 5, FL-5
 Address:

 City-St-Zip:
 DALLAS, TX 75204
 City-St-Zip:

 Name:
 LEWIS, WAYNE R
 Name:

 Address:
 2828 N HASKELL, BLDG 1, FL-10
 Address:

 City-St-Zip:
 DALLAS, TX 75204
 City-St-Zip:

Title: AS (X) Delete Title: () Change () Addition

 Name:
 HAGEMAN, CYNTHIA L
 Name:

 Address:
 2828 N HASKELL, BLDG 1, FL-10
 Address:

 City-St-Zip:
 DALLAS, TX 75204
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM L. DECKELMAN, JR. MGR 04/13/2006