


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90216 047 ***150.00

DOCUMENT # P00000017538	
1. Entity Name ILIAN MEDBILL, INC.	

Principal Place of Business 11274 WEST HILLSBOROUGH AVENUE TAMPA, FL 33635	Mailing Address 4300 WEST CYPRESS ST SUITE 900 TAMPA, FL 33607
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2. Principal Place of Business	3. Mailing Address 11274 W. Hillsborough Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Tampa, FL
Zip	Country USA

6. Name and Address of Current Registered Agent SALAS, RICARDO A 4300 W CYPRESS SUITE 900 TAMPA, FL 33607	
7. Name and Address of New Registered Agent Name: Deborah Zinkus Street Address (P.O. Box Number is Not Acceptable): 4803 George Rd, Suite 350 City: Tampa FL Zip Code: 33634	

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>Deborah A Zinkus</i>	DATE: 2-22-06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAS, RICARDO A 11274 WEST HILLSBOROUGH AVENUE TAMPA, FL 33635 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Deborah Zinkus 4803 George Rd, Suite 350 Tampa, FL 33634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BURKS, WAYNE 4300 W. CYPRESS, STE 900 TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Cynthia B Satterwhite 11274 W. Hillsborough Ave. Tampa, FL 33635 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Deborah A Zinkus</i>	DATE: 2-22-06 813-262-9361