


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90045 046 ***150.00

DOCUMENT # P07000107811 1. Entity Name LIFE LINE MEDICAL BILLING SERVICES, INC.					
Principal Place of Business 12087 KATHERWOOD STREET SPRING HILL, FL 34608			Mailing Address PO BOX 5733 SPRING HILL, FL 34611-5733		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-1147153	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, LINNETTE 12087 KATHERWOOD STREET SPRING HILL, FL 34608			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT GUZMAN, DAWN 12087 KATHERWOOD STREET SPRING HILL, FL 34608	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS SANCHEZ, LINNETTE 12087 KATHERWOOD STREET SPRING HILL, FL 34608	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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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"/> Delete			
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>Linnette Sanchez</i> LINNETTE SANCHEZ <i>4-8-08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		