


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90556 014 ***150.00

DOCUMENT # P00000095472																							
1. Entity Name MEDCOM BILLING, INC.																							
Principal Place of Business 8469 N.W. 189TH STREET ROAD MIAMI, FL 33015		Mailing Address 8469 N.W. 189TH STREET ROAD MIAMI, FL 33015																					
2. Principal Place of Business		3. Mailing Address																					
Suits, Apt. #, etc.		Suits, Apt. #, etc.																					
City & State		City & State																					
Zip		Zip																					
Country		Country																					
04232004		Chg-P																					
OR2E034 (10/03)																							
4. FEI Number 85-1045594		Applied For Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																					
LUMPUY, LESLIN 8469 N.W. 189TH STREET ROAD MIAMI, FL 33015		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 relocating)</small> DATE _____																							
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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																					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 as empowered.																							
SIGNATURE: _____		4/23/04																					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>		<small>DATE</small>																					