


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000043588  
1. Entity Name  
M.D. BILLING, INC.



Principal Place of Business 4701 MERIDAN AVENUE NICHOL BUILDING LEVEL E MIAMI BEACH, FL 33140	Mailing Address 4701 MERIDAN AVENUE NICHOL BUILDING LEVEL E MIAMI BEACH, FL 33140
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04192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1101997	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
MERLINO, GARY  
4701 MERIDAN AVENUE  
NICHOL BUILDING LEVEL E  
MIAMI BEACH, FL 33140

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of registering 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and M.D. Billing, Inc. (NOTE: Registered Agent signature required when reinstating)

**PAY THIS AMOUNT**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

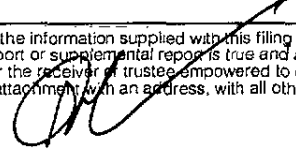
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERLINO, GARY 2507 PROVENCE CIRCLE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAFFER, ROBERT 3564 MAGELLAN CIRCLE #214 NORTH MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/04/05-80051-023 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 like empowered.

SIGNATURE:  DATE: 4/27/05 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR