2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0400003022

1. Entity Name

MEDICAL BILLING PLUS, INC.



Principal Place of Business

Mailing Address

11670 ISLAND LAKES LANE BOCA RATON, FL 33498 11670 ISLAND LAKES LANE BOCA RATON, FL 33498

FILED Mar 07, 2007 08:00 AM Secretary of State

Applied For



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

1 180/1801 HT MA	III 81941 92111 8941 791	(1 PEIN ESIES (41 SEIIS (1242 A) 1101 11 14 14 14
01302007	No Chg-P	CR2E034 (11/05)

58-2681018	 Not Applicat
5. Certificate of Status Desired	\$8.75 Additional Fee Required

FADER, ANDREA 11670 ISLAND LAKES LANE BOCA RATON, FL 33498

SIGNATURE

DO NOT WRITE IN THIS SPACE

4. FEI Number

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_	Signature, lyped or printed name of registered agent and title if	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE		
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing \Box	\$5.00 May Be Added to Fees	U00000658233		
10.	OFFICERS AND DIREC	TORS			03/15/07-80029-019 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TADER, ANDREE 11670 ISBAD LAKES BOCA RATON, FL 33498						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
THEE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information subplied with his filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplies 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 applears in Block 10 or Block 11 if changed, or on an attachment with an advance with all other like empowered.							

ED NAME OF SIGNING OFFICER OR DIRECTOR