

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90027 003 ***163.75

DOCUMENT # P05000042032

1. Entity Name
SPECIALTY MEDICAL BILLING CORP.



Principal Place of Business

**13385 NW 7TH TERRACE
MIAMI, FL 33182 US**

Mailing Address

**13385 NW 7TH TERRACE
MIAMI, FL 33182 US**

DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2788305

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOLINA, ROSALBA DCEO
13385 NW 7TH TERRACE
MIAMI, FL 33182**

**DO NOT WRITE
IN THIS SPACE**

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

Rosalba Molina **ROSALBA MOLINA**

4/29/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
**DCEO
MOLINA, ROSALBA
13385 NW 7TH TERRACE
MIAMI, FL 33182**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
BIGAM, SUSAN
13385 NW 7TH TERRACE
MIAMI, FL 33182**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCOO
MOLINA, DEYNA M
13385 NW 7TH TERRACE
MIAMI, FL 33182**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Rosalba Molina **ROSALBA MOLINA**

4/29/07
Date

305-297-1335
Daytime Phone #