

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104291

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** PROVIDERS BILLING SERVICES, INC.

**Current Principal Place of Business:**

138 N. COMET AVE.  
APT. 1  
PANAMA CITY, FL 32404

**New Principal Place of Business:**

1109 E. 5TH ST.  
PANAMA CITY, FL 32401

**Current Mailing Address:**

P.O. BOX 6281  
PANAMA CITY, FL 32404

**New Mailing Address:**

**FEI Number:** 38-3792756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUCHHOLZ, ROBERT A  
138 N. COMET AVE.  
APT. 1  
PANAMA CITY, FL 32404 US

**Name and Address of New Registered Agent:**

BUCHHOLZ, ROBERT A  
1109 E. 5TH ST.  
PANAMA CITY, FL 32401 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/19/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BUCHHOLZ, ROBERT A  
Address: 1109 E. 5TH ST.  
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT A. BUCHHOLZ

Electronic Signature of Signing Officer or Director

P

04/19/2010

Date