


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State


DOCUMENT # P94000061760

1. Entity Name
SUNBELT MEDICAL BILLINGS, INC.



Principal Place of Business 12302 NE 6TH AVE N MIAMI, FL 33161 US	Mailing Address 12302 NE 6TH AVE N MIAMI, FL 33161 US
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DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0519430	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

**STACHWITSCH, ANDRE
 12302 NE 6 AVE
 N MIAMI, FL 33161**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STACHEWITSCH, MARK 12302 NE 6TH AVE N MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STACHEWITSCH, ANDRE 12302 NE 6TH AVE N MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STACHEWITSCH, MONIQUE 12302 NE 6 AVE N MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STACHEWITSCH, MONA 12302 NE 6 AVE N MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIEDEWALD, DON 12302 NE 6 AVE N MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000077321
 03/05/04-80033-014 150.00

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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)(b), 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: Andre Stachewitsch DATE: 3/2/04 DAYTIME PHONE #: (305) 893-7698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR