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.

PRESIDENT

SIGNATURE: BARBARA A DOBAY

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049945

Entity Name: BARB DOBAY MEDICAL BILLING, INC.

Current Principal Place of Business:

6720 ESCONDIDA DRIVE WEST PALM BEACH, FL 33406-5214

Current Mailing Address:

6720 ESCONDIDA DRIVE WEST PALM BEACH, FL 33406-5214 US

FEI Number: 65-1115633

Officer/Director Detail :

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

DOBAY, BARBARA A 6720 ESCONDIDA DRIVE WEST PALM BEACH, FL 33406-5214 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:

Title	D	Title	D
Name	DOBAY, BARBARA A	Name	DOBAY, JAMES P
Address	6720 ESCONDIDA DRIVE	Address	6720 ESCONDIDA DRIVE
City-State-Zip:	WEST PALM BEACH FL 33406-5214	City-State-Zip:	WEST PALM BEACH FL 33406-5214

FILED Feb 13, 2017 Secretary of State CC2209233728

Date

Certificate of Status Desired: Yes

02/13/2017

Date