

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000058619

Entity Name: SPECIALIZED MEDICAL BILLING SERVICES, INC.

Current Principal Place of Business:

1289 SW MELROSE AVE
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

1289 SW MELROSE AVE
PORT SAINT LUCIE, FL 34953 US

FEI Number: 47-1304721

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HORVATH, RAY
1289 SW MELROSE AVE
PORT SAINT LUCIE, FL 34953 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

Date

Officer/Director Detail :

Title PVST
Name HORVATH, RAY
Address 1289 SW MELROSE AVE
City-State-Zip: PORT SAINT LUCIE FL 34953

Title D
Name HORVATH, RAY
Address 1289 SW MELROSE AVE
City-State-Zip: PORT SAINT LUCIE FL 34953

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: RAY HORVATH

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04/30/2016

Electronic Signature of Signing Officer/Director Detail

Date