

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005490

FILED
Feb 11, 2008
Secretary of State

Entity Name: D & D PHYSICIAN MEDICAL BILLING, INC.

Current Principal Place of Business:

1071 BEDFORD AVE
PALM BCH GARDENS, FL 33403

New Principal Place of Business:

Current Mailing Address:

1071 BEDFORD AVE
PALM BCH GARDENS, FL 33403

New Mailing Address:

FEI Number: 62-1785675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, DEBRA
1071 BEDFORD AVE
PALM BCH GARDENS, FL 33403 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, DEBRA
Address: 1071 BEDFORD AVE
City-St-Zip: PALM BCH GARDENS, FL 33403

Title: S () Delete
Name: THOMPSON, JEFFREY
Address: 1071 BEDFORD AVE
City-St-Zip: PALM BCH GARDENS, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBRA THOMPSON

P

02/11/2008

Electronic Signature of Signing Officer or Director

Date