


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90222 017 ***150.00

DOCUMENT # J60270 1. Entity Name MEDICAL ACCOUNTS SYSTEMS, INC.	
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Principal Place of Business 2801 PONCE DE LEON BLVD 470 CORAL GABLES, FL 33134 US	Mailing Address PO BOX 330638 MIAMI, FL 33233 US
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2. Principal Place of Business - No P.O. Box # 1001 Brickell Av.	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. #230	Suite, Apt. #, etc.
City & State Miami - FL	City & State
Zip 33131	Country USA



04252007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2833081	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ABRIL, JORGE M 2801 PONCE DE LEON BLVD 470 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1001 Brickell Av. #230 City Miami FL Zip Code 33131
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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  (NOTE: Registered Agent signature required when reinstating) DATE 04/25/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ABRIL, JORGE M 2801 PONCE DE LEON BLVD #470 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1001 Brickell Av. #230 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  DATE 04/25/07 Daytime Phone # 305.373.0120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR