


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90029 030 \*\*\*150.00

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # K50073</b><br>1. Entity Name<br><b>JMC BILLING SERVICES, INC.</b>   |   |    |   |
| Principal Place of Business<br><b>11401 S.W. 40TH STREET</b><br><b>245</b><br><b>MIAMI, FL 33165</b>  |   | Mailing Address<br><b>11401 S.W. 40TH STREET</b><br><b>245</b><br><b>MIAMI, FL 33165</b>  |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>26604 SW 87 Ave</b>  |   | 3. Mailing Address<br><b>26604 SW 87 Ave</b>  |   |
| Suite, Apt. #, etc.<br>   |   | Suite, Apt. #, etc.<br>   |   |
| City & State<br><b>Miami, FL</b>  |   | City & State<br><b>Miami, FL</b>  |   |
| Zip<br><b>33165</b>   |   | Zip<br><b>33165</b>   |   |
| Country<br><b>USA</b>   |   | Country<br><b>USA</b>   |   |
| 4. FEI Number<br><b>65-0091684</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75</b> Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br><b>MAZAIRA, MINERVA</b><br><b>13911 S.W. 27 TERRACE</b><br><b>MIAMI, FL 33175</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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 _____   |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PTD<br>MAZAIRA, MINERVA<br>13911 SW 27 TERR.<br>MIAMI, FL | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | <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: <u>Minerva Mazaira</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | Date: <u>1/28/07</u>  | Daytime Phone #: <u>(305) 554-0816</u>                            |