


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000002450 1. Entity Name DOVE MEDICAL BILLING & COLLECTIONS, INC.	
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Principal Place of Business 1408 S.W. 4TH ST DELRAY BEACH, FL 33444	Mailing Address 1408 S.W. 4TH ST DELRAY BEACH, FL 33444
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02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0974375	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

MILLER, JOHN P
2499 GLADES ROAD STE 305A
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, SYLVIA 1408 S.W. 4TH ST. DELRAY BEACH, FL 33444
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VEGA, JEANNIE 1408 S.W. 4TH ST. DELRAY BEACH, FL 33444
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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02/16/04-B0156-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sylvia Carter 2/12/04 561-392-2021 x214