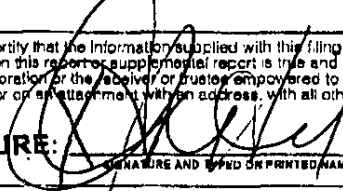


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000002450			
1. Entity Name DOVE MEDICAL BILLING & COLLECTIONS, INC.			
Principal Place of Business		Mailing Address	
1408 S.W. 4TH ST DELRAY BEACH, FL 33444		1408 S.W. 4TH ST DELRAY BEACH, FL 33444	
DO NOT WRITE IN THIS SPACE			
8. Name and Address of Current Registered Agent		 08312007 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0974375 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
MILLER, JOHN P 2489 GLADES ROAD STE 305A BOCA RATON, FL 33431		DO NOT WRITE IN THIS SPACE	
9. 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when recertifying)			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		U000000773256 09/05/07-80003-019 150.00 DO NOT WRITE IN THIS SPACE	
10.1 NAME: CARTER, SYLVIA STREET ADDRESS: 1408 S.W. 4TH ST. CITY-ST-ZIP: DELRAY BEACH, FL 33444			
10.2 NAME: VEGA, JEANNIE STREET ADDRESS: 1408 S.W. 4TH ST. CITY-ST-ZIP: DELRAY BEACH, FL 33444			
10.3 NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			
10.4 NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			
10.5 NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			
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 disclosed 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: 		8/30/07 (50) 272-1010 Date Daytime Phone #	