

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017348

FILED
Apr 07, 2005
Secretary of State

Entity Name: PHYSICIANS BILLING ALTERNATIVE, INC.

Current Principal Place of Business:

9600 W. SAMPLE RD
#200
CORAL SPRINGS, FL 33065

Current Mailing Address:

9600 W. SAMPLE RD
#200
CORAL SPRINGS, FL 33065

New Principal Place of Business:

5521 UNIVERSITY DRIVE
#204
CORAL SPRINGS, FL 33067

New Mailing Address:

5521 UNIVERSITY DRIVE
#204
CORAL SPRINGS, FL 33067

FEI Number: 65-0982811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLTON, ADAM
6132 NW 53 CIRCLE
POMPANO BEACH, FL 33067 US

Name and Address of New Registered Agent:

COLTON, ADAM
6132 NW 53 CIRCLE
CORAL SPRINGS, FL 33067 US

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: ADAM COLTON

04/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLTON, ADAM
Address: 6132 NW 53 CIRCLE
City-St-Zip: POMPANO BEACH, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COLTON, ADAM
Address: 6132 NW 53 CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ADAM COLTON

PRES

04/07/2005

Electronic Signature of Signing Officer or Director

Date