


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000031559</b> 1. Entity Name <b>MASTER MEDICAL BILLING SERVICE, INC.</b>	
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Principal Place of Business <b>4644 SW 147TH COURT MIAMI, FL 33185</b>	Mailing Address <b>P.O. BOX 960187 MIAMI, FL 33296-0187</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



06272006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1003067</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JORVA, BEATRIZ C 4644 SW 147TH COURT MIAMI, FL 33185</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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.

000000568591  
07/07/06-80016-010 150.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P JORVA, BEATRIZ C <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORVA, BEATRIZ C	NAME	
STREET ADDRESS	4644 SW 147TH COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33185	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORVA, MANUEL	NAME	
STREET ADDRESS	4644 SW 147TH COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33185	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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:** Beatriz C. Jorva 305-554-0171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_