2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032799

FILED Apr 26, 2006 Secretary of State

Entity Name: SEABREEZE MEDICAL BILLING AND COLLECTION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
778 W MIE FORT PIE	DWAY RD RCE, FL 34982	2 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:		
	DWAY RD RCE, FL 34982	. US			
FEI Number	: 65-0995224	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ECK-DAY					
PORT SAI The above	KUKÚI CT NT LUCIE, FL (purpose of changing its registere	d office or registered agent, or both,	
PORT SAI The above	KUKÚI CT NT LUCIE, FL (named entity si e of Florida.		purpose of changing its registere	d office or registered agent, or both,	
PORT SAI The above in the State	KUKÚI CT NT LUCIE, FL (named entity si e of Florida. RE:			d office or registered agent, or both, Date	
PORT SAI The above in the State SIGNATUI	KUKÚI CT NT LUCIE, FL 3 e named entity si e of Florida. RE: Electroni	ubmits this statement for the			
PORT SAI The above in the State SIGNATUI	KUKÚI CT NT LUCIE, FL 3 e named entity si e of Florida. RE: Electroni	ubmits this statement for the place of Signature of Registered Ag Trust Fund Contribution ().	ent	Date	
PORT SAI The above in the State SIGNATUI	KUKÚI CT NT LUCIE, FL 3 e named entity si e of Florida. RE: Electronic mpaign Financing S AND DIRECT	ubmits this statement for the particle of Signature of Registered Ag Trust Fund Contribution (). CORS: Delete ORI J CT	ent		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MAURICE A DAYTON VPT 04/26/2006