
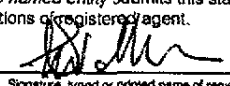


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr-19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000065463		
1. Entity Name PROFESSIONAL MEDICAL BILLING CENTER, INC.		
Principal Place of Business 9201 SW 20 STREET MIRAMAR, FL 33025	Mailing Address 9201 SW 20 STREET MIRAMAR, FL 33025	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent WALLACE, O'NEIL 9201 SW 20 STREET MIRAMAR, FL 33025		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:  <u>O'Neil Wallace</u> 4/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000119181 04/19/04-80090-004 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLACE, SHARON 9201 SW 20 STREET MIRAMAR, FL 33025	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALLACE, O'NEIL 9201 SW 20 STREET MIRAMAR, FL 33025	
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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 807, 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: <u>Sharon Wallace</u> 4/1/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		305-655-1011 <small>Date Daytime Phone #</small>