

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 13, 2008 08:00 AM
Secretary of State**

DOCUMENT # P00000065574

1. Entity Name

MEDICAL BILLING SERVICES, C.S., INC.



Principal Place of Business

3805 BISCAYNE DR
WINTER SPRINGS, FL 32708

Mailing Address

3805 BISCAYNE DR
WINTER SPRINGS, FL 32708



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3670403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SHEAFER, CHONGAE
3805 BISCAYNE DRIVE
WINTER SPRINGS, FL 32708

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000826286
02/21/08-80043-013 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHEAFER, CHONGAE
STREET ADDRESS 3805 BISCAYNE DR
CITY-ST-ZIP WINTER SPRINGS, FL 32708

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IN THIS SPACE**

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:

Chongae Sheaffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Chongae Sheaffer
pres.

Date

2/8/08

Daytime Phone #

407-699-5355