2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000069214

T. Entity Name
MEDICAL CLAIMS BILLING SERVICE OF AMERICA, INC.

Principal Place of Business	Mailing Address
552 JUAN NASCO DRIVE LONGBOAT KEY, FL 34228	552 JUAN NASCO DRIVE LONGBOAT KEY, FL 34228

DO NOT WRITE IN THIS SPACE

01302004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1026966	Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 _SPIEGEL & UTRERA PA_   _2-7-04_

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing $5.00 May Be
Trust Fund Contribution. ☐   Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PTD
NAME	NAGY, JO-ELLA
STREET ADDRESS	552 JUAN NASCO DRIVE
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	SVD
NAME	NAGY, ROBERT F
STREET ADDRESS	552 JUAN NASCO DRIVE
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/12/04-80020-011 158.75

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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 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: _Jo-Ella Nagy_   _2-7-04_   _941-383-1333_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #