2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# P00000071916

Entity Name: PHYSICIANS BILLING, INC.

Current Principal Place of Business:

1502 N. DONNELLY ST.
SUITE 108
MT. DORA, FL 32757

New Principal Place of Business:

1502 N. DONNELLY ST.
SUITE 110
MT. DORA, FL 32757

Current Mailing Address:

1502 N. DONNELLY ST.
SUITE 108
MT. DORA, FL 32757

New Mailing Address:

1502 N. DONNELLY ST.
SUITE 110
MT. DORA, FL 32757

FEI Number: 59-3667762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIERS, DEBBIE M
1502 N. DONNELLY ST., SUITE 108
MT. DORA, FL 32757 US

Name and Address of New Registered Agent:

HIERS, DEBBIE M
1502 N. DONNELLY ST., SUITE 110
MT. DORA, FL 32757 US

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.

SIGNATURE: 04/11/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HIERS, DEBBIE M
Address: 1502 N. DONNELLY ST., STE #108
City-St-Zip: MT. DORA, FL 32757

Title: D ( ) Delete
Name: HIERS, DEBBIE M
Address: 1502 N. DONNELLY STR., SUITE 108
City-St-Zip: MOUNT DORA, FL 32757 LA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HIERS, DEBBIE M
Address: 1502 N. DONNELLY ST., STE #110
City-St-Zip: MT. DORA, FL 32757

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEBBIE M. HIERS PRES 04/11/2008
Electronic Signature of Signing Officer or Director — Date