2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000095683

1. Entity Name
SUPERIOR MEDICAL BILLING, INC.

Principal Place of Business	Mailing Address
3382 S.W. 153 PLACE MIAMI, FL 33185	3382 S.W. 153 PLACE MIAMI, FL 33185

DO NOT WRITE IN THIS SPACE

02062004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-1036604		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOLA, SHEYLAH
3382 S.W. 153 PLACE
MIAMI, FL 33185

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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 _____
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 Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000045845 02/11/04--80079--014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MOLA, SHEYLAH
STREET ADDRESS	3382 SW 153 PLACE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	VS
NAME	CAMACHO, MELANIE
STREET ADDRESS	3382 SW 153 PLACE
CITY-ST-ZIP	MIAMI, FL 33185
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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IN THIS SPACE

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: _____ SHEYLAH MOLA-PRES 02/06/04 (305)226-0539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #