


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90069 041 ***150.00

DOCUMENT # P00000095683	
1. Entity Name SUPERIOR MEDICAL BILLING, INC.	

Principal Place of Business 3382 S.W. 153 PLACE MIAMI, FL 33185	Mailing Address 3382 S.W. 153 PLACE MIAMI, FL 33185
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20006633



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01272005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1036604	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOLA, SHEYLAH 3382 S.W. 153 PLACE MIAMI, FL 33185		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

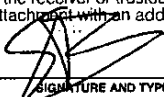
SIGNATURE _____ **DATE** _____

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	<input type="checkbox"/> Delete	TITLE PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOLA, SHEYLAH		NAME	
STREET ADDRESS 3382 SW 153 PLACE		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33185		CITY-ST-ZIP	
TITLE VS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMACHO, MELANIE		NAME	
STREET ADDRESS 3382 SW 153 PLACE		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33185		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **SHEYLA MOLA-PRES** **01/27/05** **(305) 226-0539**

Signature and typed or printed name of signing officer or director Date Daytime Phone #