

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111860

FILED  
Mar 16, 2004  
Secretary of State

Entity Name: PROFESSIONAL MED BILLING, INC.

## Current Principal Place of Business:

511 BROOKSIDE DRIVE  
CLEARWATER, FL 33764

## New Principal Place of Business:

1212 S HIGHLAND AVENUE  
CLEARWATER, FL 33756

## Current Mailing Address:

511 BROOKSIDE DRIVE  
CLEARWATER, FL 33764

## New Mailing Address:

1212 S HIGHLAND AVENUE  
CLEARWATER, FL 33756

FEI Number: 59-3680265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHERMAN, MARGERY J  
511 BROOKSIDE DRIVE  
CLEARWATER, FL 33764

## Name and Address of New Registered Agent:

SHERMAN, MARGERY J  
1212 S HIGHLAND AVENUE  
CLEARWATER, FL 33756

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:

03/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: NAVARRO, PAULA  
Address: 511 BROOKSIDE DRIVE  
City-St-Zip: CLEARWATER, FL 33764

Title: VTD ( ) Delete  
Name: SHERMAN, MARGERY  
Address: 511 BROOKSIDE DRIVE  
City-St-Zip: CLEARWATER, FL 33764

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: NAVARRO, PAULA  
Address: 1212 S HIGHLAND AVENUE  
City-St-Zip: CLEARWATER, FL 33756

Title: VTD (X) Change ( ) Addition  
Name: SHERMAN, MARGERY  
Address: 1212 S HIGHLAND AVENUE  
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARGERY SHERMAN

VTD

03/16/2004

Electronic Signature of Signing Officer or Director

Date