

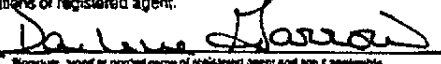
FROM : PELICAN BAYS

FAX NO. : 954 5815627

Jan. 13 2004 11:07AM P1

FILED

Apr 26, 2004 08:00 AM
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000000166 1. Entity Name PRO-MED BILLING SERVICES, INC.			
Principal Place of Business 2400 SE MIDPORT ROAD #211 PORT ST. LUCIE, FL 34952		Mailing Address 2400 SE MIDPORT ROAD #211 PORT ST. LUCIE, FL 34952	
DO NOT WRITE IN THIS SPACE			
		01132004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1065913	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARROW, DARLENE S 2400 SE MIDPORT ROAD #211 PORT ST. LUCIE, FL 34952		DO NOT WRITE IN THIS SPACE	
6. 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: 4/21/04 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reissuing)			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		UD00000129449 04/26/04-80078-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GARROW, DARLENE S 2400 SE MIDPOINT STE 211 PORT ST. LUCIE, FL 34952	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARROW, DAVID L 2400 SE MIDPOINT ROAD STE 211 PORT ST. LUCIE, FL 34952		
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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:  DATE: 4/21/04 772.3284946 Signature and typed or printed name of signing officer or director			