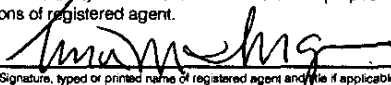


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90036 031 ***150.00

DOCUMENT # P01000008666 1. Entity Name TMI MEDICAL BILLING SERVICES, INC.					
Principal Place of Business 6043 NW 167TH ST., #A17 MIAMI, FL 33015			Mailing Address 6043 NW 167TH ST., #A17 MIAMI, FL 33015		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 341 NW 109 Ave Apt 7		 01092004 Chg-P CR2E034 (10/03)	
City & State Miami FL		Suite, Apt. #, etc.			
4. FEI Number 65-1073796		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		City & State Miami FL			
Zip 33172		Country DAOE		6. Name and Address of Current Registered Agent ALEMAN, JOSE L 12500 NE 15 AVENUE #301 NORTH MIAMI, FL 33161	
7. Name and Address of New Registered Agent Name TINA M Inguanzo Street Address (P.O. Box Number is Not Acceptable) 341 NW 109 Ave #7 City MIAMI FL Zip Code 33172		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 date if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEMAN, JOSE L 6043 NW 167TH ST., #A17 MIAMI, FL 33015	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TINA M. Inguanzo 341 NW 109 Ave #7 MIAMI, FL 33172-5242	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Rachel Hughes 3100 SW 130 Ave MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Rachel Hughes 3100 SW 130 Ave MIAMI, FL 33175	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  TINA M Inguanzo SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-1-04 Daytime Phone # 305 825-8669		