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	Mailing Address
6043 NW 167TH ST., #A17 MIAMI, FL 33015	~~6043 NW 167TH ST., #A17 MIAMI, FL 33015~~

2. Principal Place of Business		3. Mailing Address 341 NW 109 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt 7	
City & State		City & State Miami FL	
Zip	Country	Zip 33172	Country DADE

01092004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1073796 ☐ Applied For ☐ Not Applicable

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

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 [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

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		☐ 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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: [signature] Tina M Inguanzo 4-1-04 305 825-8669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #