2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2006
Secretary of State

DOCUMENT# P01000011322

Entity Name: MEDICAL BILLING BY KATHY BELL, RMA, INC.

Current Principal Place of Business:

9339 SAPPHIRE COVE DR
WEST PALM BEACH, FL 33411

New Principal Place of Business:

8285 BUTLER GREENWOOD DR
WEST PALM BEACH, FL 33411

Current Mailing Address:

9339 SAPPHIRE COVE DR
WEST PALM BEACH, FL 33411

New Mailing Address:

8285 BUTLER GREENWOOD DR
WEST PALM BEACH, FL 33411

FEI Number: 65-1075701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELL, KATHY M
9339 SAPPHIRE COVE DR
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

BELL, KATHY M
8285 BUTLER GREENWOOD DR
WEST PALM BEACH, FL 33411 US

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: _____ 04/09/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BELL, KATHY M
Address: 9339 SAPPHIRE COVE DR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete
Name: BELL, JOHN W
Address: 9339 SAPPHIRE COVE DR
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BELL, KATHY M
Address: 8285 BUTLER GREENWOOD DR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D (X) Change ( ) Addition
Name: BELL, JOHN W
Address: 8285 BUTLER GREENWOOD DR
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KATHY M BELL OFFI 04/09/2006
Electronic Signature of Signing Officer or Director — Date