


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90241 020 ***150.00

DOCUMENT # P01000023981	
1. Entity Name MEDICAL OFFICE BILLING, INC.	

Principal Place of Business 1801 SE HILLMOOR DRIVE SUITE A 104 PORT ST LUCIE, FL 34952	Mailing Address 1801 SE HILLMOOR DRIVE SUITE A 104 PORT ST LUCIE, FL 34952
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2. Principal Place of Business 1801 SE HILLMOOR DRIVE Suite, Apt. #, etc. STE C207 City & State PORT ST LUCIE FL Zip 34952 Country USA	3. Mailing Address 1801 SE HILLMOOR DRIVE Suite, Apt. #, etc. STE C207 City & State PORT ST LUCIE FL Zip 34952 Country USA.
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04142004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1083691	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS, LOLA 9111 PEMBROKE ROAD PEMBROKE PINES, FL 33025
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Deo Subler DATE: 04/14/04
Signature, typed or printed name of registered agent and title 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUKHRAM, ANAND 1801 SE HILLMOOR DRIVE SUITE A 104 PORT ST LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Deo Subler DATE: 04/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #