2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006
Secretary of State

DOCUMENT# P01000023981

Entity Name: MEDICAL OFFICE BILLING, INC.

Current Principal Place of Business:

1801 SE HILLMOOR DR.
STE. C207
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1801 SE HILLMOOR DR.
STE. C207
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-1083691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, LOLA
9111 PEMBROKE ROAD
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SUKHRAM, ANAND
Address: 1801 SE HILLMOOR DRIVE SUITE A 104
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SUKHRAM, ANAND
Address: 1801 SE HILLMOOR DRIVE SUITE C207
City-St-Zip: PORT ST LUCIE, FL 34952

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: ANAND SUKHRAM D 03/08/2006

Electronic Signature of Signing Officer or Director Date