

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91236 043 ***150.00

DOCUMENT # P01000038835

1. Entity Name
PHYSICIAN MEDICAL BILLING SERVICES, INC.



Principal Place of Business Mailing Address

1500 N.DIXIE HWY #103 WEST PALM BEACH FL 33401 **1500 N.DIXIE HWY SUITE 103 WEST PALM BEACH FL 33401**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-2750941** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GILDAN, PHILLIP C ESQ.
 C/O GREENBERG TRAUERIG, P.A.
 777 S. FLAGLER DRIVE, SUITE 300-EAST
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **JOHN F. COONEY, M.D**
 Street Address (P.O. Box Number is Not Acceptable)
1500 N. DIXIE Hwy # 103
 City **W P B** State **FL** Zip Code **33401**

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  **JOHN F. COONEY** DATE **4-30-04**

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

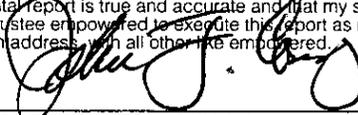
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REGENBAUM, SHELDON M.D.	
STREET ADDRESS	1500 N.DIXIE HWY, SUITE 103	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAITOFF, KEVIN M.D.	
STREET ADDRESS	1500 N.DIXIE HWY, SUITE 103	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	COONEY, JOHN M.D.	
STREET ADDRESS	1500 N.DIXIE HWY, SUITE 103	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **4-30-04** **561-383-7451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #