

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90050 030 ***150.00

DOCUMENT # P01000040356

1. Entity Name
DOCTOR'S CHOICE BILLING SERVICES, INC.



Principal Place of Business
**628 NW AVE L STE 2
BELLE GLADE, FL 33430**

Mailing Address
**628 NW AVE L STE 2
BELLE GLADE, FL 33430**

2. Principal Place of Business - No P.O. Box #
585 N.E. 62nd Avenue
Suite, Apt. #, etc.

3. Mailing Address
585 N.E. 62nd Avenue
Suite, Apt. #, etc.



02022007 Chg-P CR2E034 (12/06)

City & State
Okeechobee, FL
Zip
34974

City & State
Okeechobee, FL
Zip
34974

4. FEI Number
65-1095429

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUNAWAY, CHRYL M
628 NW AVE L STE 2
BELLE GLADE, FL 33430**

7. Name and Address of New Registered Agent

Name
Dunaway, Chryl M.
Street Address (P.O. Box Number is Not Acceptable)
585 N.E. 62nd Avenue
City
Okeechobee **FL** Zip Code
34974

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 *Chryl M Dunaway*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/14/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
**PD
DUNAWAY, CHYRL M
1947 BACOM POINT RD
PAHOKEE, FL 33476** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Dunaway, Chryl M.
585 NE 62nd Avenue
Okeechobee, FL 34974** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Chryl M Dunaway*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/07 (501) 261-2816
Date Daytime Phone #