

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046995

FILED
Apr 23, 2007
Secretary of State

Entity Name: JOINT VENTURE MEDICAL BILLING SERVICES, INC.

Current Principal Place of Business:

12515 ORANGE DRIVE
SUITE 803
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

12515 ORANGE DRIVE
SUITE 803
DAVIE, FL 33330

New Mailing Address:

FEI Number: 65-1102977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, ALAN B
100 WEST CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE, FL 33309 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: DPT () Delete
Name: ZAWISKI, LORI ANN
Address: 12515 ORANGE DRIVE, SUITE 803
City-St-Zip: DAVIE, FL 33330

Title: DVP () Delete
Name: OELLRICH, LISA A
Address: 12515 ORANGE DRIVE, SUITE 803
City-St-Zip: DAVIE, FL 33330

Title: SVP () Delete
Name: LEYVA, MARIA
Address: 12515 ORANGE DRIVE, SUITE 803
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LORI ANN ZAWISKI

DPT

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date