2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055653

Entity Name: EMERALD COAST MEDICAL BILLING, INCORPORATED

Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

100 COX BURGESS LOOP 100 COY BURGESS LOOP DEFUNIAK SPRINGS, FL 32435 DEFUNIAK SPRINGS, FL 32435

Current Mailing Address: New Mailing Address:

100 COX BURGESS LOOP 100 COY BURGESS LOOP DEFUNIAK SPRINGS, FL 32435 DEFUNIAK SPRINGS, FL 32435

FEI Number: 59-3726089 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

HAUFE, SCOTT HAUFE, SCOTT 66 REDFISH CIR 100 COY BURGESS LOOP SANTA ROSA BCH, FL 32459 DEFUNIAK SPRINGS, FL 32435

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: 04/28/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

(X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO () Delete Title: HAUFE, SCOTT HAUFE, SCOTT Name: Name:

66 RED FISH CIRCLE 100 COY BURGESS LOOP Address: Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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: SCOTT HAUFE 04/28/2004 CEO