# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 12, 2004**
**Secretary of State**

DOCUMENT# P01000055696

**Entity Name:** MEDICAL BILLING OPERATIONS INC.

**Current Principal Place of Business:**

5114 OKEECHOBRE BLVD
209
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

5114 OKEECHOBRE BLVD
SUITE 209
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

5114 OKEECHOBRE BLVD
209
WEST PALM BEACH, FL 33417

**New Mailing Address:**

5114 OKEECHOBRE BLVD
SUITE 209
WEST PALM BEACH, FL 33417

**FEI Number: 65-1109997** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MILLER, JEFFREY K
5114 OKEECHOBRE BLVD
STE 209
WEST PALM BEACH, FL 33417

**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: MILLER, JEFFREY K
Address: 5114 OKEECHOBRE BLVD STE 209
City-St-Zip: WEST PALM BEACH, FL 33417

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: JEFFREY K. MILLER D. 04/12/2004

Electronic Signature of Signing Officer or Director — Date