

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90003 039 ***558.75

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1. Entity Name
 UNIVERSAL MEDICAL BILLING, INC.



Principal Place of Business 110 NW 170 STREET SUITE 405 MIAMI, FL 33169--552 US	Mailing Address 110 NW 170 STREET SUITE 405 MIAMI, FL 33169--552 US
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54070383



08232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1117960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUSSMAN, HOWARD F M.D.
 110 NW 170 STREET
 SUITE 405
 MIAMI, FL 33169--552

100 NW 170 Street

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5:00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUSSMAN, HOWARD F M.D.
STREET ADDRESS	110 NW 170 STREET, SUITE 405 <i>100 NW 170 Street</i>
CITY-ST-ZIP	MIAMI, FL 33169-552
TITLE	V
NAME	STALLER, SHELDON M.D.
STREET ADDRESS	110 NW 170 STREET, SUITE 405 <i>100 NW 170 Street</i>
CITY-ST-ZIP	MIAMI, FL 33169-552
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Sheldon Staller* *md.* Vice President *8-23-04*

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