


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000061312
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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02022007 No Chg-P CR2E034 (11/05)

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 Currant Registered Agent
SUSSMAN, HOWARD F M.D.
100 NW 170 STREET
SUITE 405
MIAMI, FL 33169--552

**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 Howard F. M.D. [Signature] DATE 4-19-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUSSMAN, HOWARD F M.D. 100 NW 170 STREET STE 405 MIAMI, FL 33169-552
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STALLER, SHELDON M.D. 100 NW 170 STREET STE 405 MIAMI, FL 33169-552
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05/09/07-80051-015 150.00

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: Howard F. M.D. [Signature] Date 4/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR