

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068439

FILED
Jan 09, 2004
Secretary of State

Entity Name: EDS MEDICAL BILLING SERVICES, INC.

Current Principal Place of Business:

9223 LONG LAKE AVENUE
BROOKSVILLE, FL 34613

New Principal Place of Business:

Current Mailing Address:

9223 LONG LAKE AVENUE
BROOKSVILLE, FL 34613

New Mailing Address:

FEI Number: 59-3736544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTO, GLORIA M
9223 LONG LAKE AVENUE
BROOKSVILLE, FL 34613 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: D () Delete
Name: SOTO, EDWIN D
Address: 9223 LONG LAKE AVENUE
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: SOTO, GLORIA M
Address: 9223 LONG LAKE AVENUE
City-St-Zip: BROOKSVILLE, FL 34613

Title: S () Delete
Name: WHITTEN, CANDY E
Address: 9223 LONG LAKE AVENUE
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: WHITTEN, CANDY E
Address: 9209 LONG LAKE AVENUE
City-St-Zip: BROOKSVILLE, FL 34613

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: EDWIN D. SOTO

PRES

01/09/2004

Electronic Signature of Signing Officer or Director

Date