2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068439

Entity Name: EDS MEDICAL BILLING SERVICES, INC.

FILED Apr 19, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	IG LAKE AVEN VILLE, FL 346				
Current Mailing Address:			New Mailing Address:		
	IG LAKE AVEN VILLE, FL 346				
FEI Number	r: 59-3736544	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:	
	LORIA M IG LAKE AVEN VILLE, FL 346				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Age			jent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (SOTO, EDWIN 9223 LONG LA BROOKSVILLE	KE AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SOTO, GLORIA 9223 LONG LA BROOKSVILLE	KE AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S (WHITTEN, CAN 9209 LONG LA BROOKSVILLE		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 04/19/2007