2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2006
Secretary of State

DOCUMENT# P01000089471

Entity Name: DOCTEROFF MEDICAL BILLING, INC.

Current Principal Place of Business:

3301 NORTHWEST 86TH AVENUE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3301 NORTHWEST 86TH AVENUE
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-1138305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOCTEROFF, HARRIET
3301 NW 86 AVENUE
POMPANO BEACH, FL 33065 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: DOCTEROFF, HARRIET L
Address: 3301 NORTHWEST 86TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

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 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: HARRIET L. DOCTEROFF PRES 07/01/2006

Electronic Signature of Signing Officer or Director Date