

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091594

FILED  
Apr 02, 2007  
Secretary of State

**Entity Name:** MEDICAL BILLING SOLUTION OF NW FLORIDA, INC.

**Current Principal Place of Business:**

131 EAST REDSTONE AVE., STE. 104  
CRESTVIEW, FL 32539

**New Principal Place of Business:**

144 PHILLIPS DRIVE  
CRESTVIEW, FL 32536

**Current Mailing Address:**

PO BOX 68  
CRESTVIEW, FL 32536

**New Mailing Address:**

**FEI Number:** 59-3742499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THAMES, PATRICIA L  
928 EAST EDNEY AVENUE  
CRESTVIEW, FL 32539 US

**Name and Address of New Registered Agent:**

THAMES, PATRICIA L  
144 PHILLIPS DRIVE  
CRESTVIEW, FL 32536 US

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: PATRICIA L. THAMES

04/02/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THAMES, PATRICIA L  
Address: 928 EAST EDNEY AVENUE  
City-St-Zip: CRESTVIEW, FL 32539

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: THAMES, PATRICIA L  
Address: 144 PHILLIPS DRIVE  
City-St-Zip: CRESTVIEW, FL 32536

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: PATRICIA L. THAMES

PD

04/02/2007

Electronic Signature of Signing Officer or Director

Date