

FILED
Apr 12, 2004 8:00 am
Secretary of State


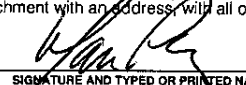
04-12-2004 90299 008 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

94049093



01072004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000097248			
1. Entity Name ULTIMATE MEDICAL BILLING, INC.			
Principal Place of Business 615 W. PARK DR. #205 MIAMI, FL 33172		Mailing Address 615 W. PARK DR. #205 MIAMI, FL 33172	
2. Principal Place of Business 1700 SW 57th Ave Suite, Apt. #, etc. 214		3. Mailing Address 1700 SW 57th Ave Suite, Apt. #, etc. 214	
City & State Miami, FL		City & State Miami, FL	
Zip 33155	Country Dade	Zip 33155	Country Dade
4. FEI Number 65-1152803		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAZ, MARIA 615 W. PARK DR. APT. #205 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Maria Paz Street Address (P.O. Box Number is Not Acceptable) 1700 SW 57th Ave, Ste 214 City Miami, FL Zip Code 33155	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAZ, MARIA R 615 W. PARK DR. #205 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	new address <input type="checkbox"/> Change <input type="checkbox"/> Addition 1700 SW 57th Ave #214 Miami, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		4/7/04 786-357-6664 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			