

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90010 034 ***150.00

DOCUMENT # P01000103427

1. Entity Name

HEALTHCARE PHYSICIAN BILLING SERVICES, INC.



Principal Place of Business

3392 S.W. 175 AVE
MIRAMAR FL 33029
US

Mailing Address

3392 S.W. 175 AVE
MIRAMAR FL 33029
US

2. Principal Place of Business

419 W 49th St 217

Suite, Apt. #, etc.

Hialeah, FL

City & State

33012 USA

Zip

Country

3. Mailing Address

3392 SW 175 AVE

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

Country

33029 USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-1150764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JUAN J
3392 S.W. 175TH AVE
MIRAMAR FL 33029

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GARCIA, JUAN J
STREET ADDRESS 3392 S.W. 175TH AVE
CITY-ST-ZIP MIRAMAR FL 33029

TITLE PD ☐ Delete
NAME GARCIA, DELARAY S
STREET ADDRESS 3392 S.W. 175TH AVE
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] President 04/03/04 (305) 822-4944