

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103427

FILED  
May 02, 2005  
Secretary of State

**Entity Name:** HEALTHCARE PHYSICIAN BILLING SERVICES, INC.

**Current Principal Place of Business:**

419 W. 49TH ST., STE  
HIALEAH, FL 33012 US

**New Principal Place of Business:**

419 W. 49TH STREET  
STE 220  
HIALEAH, FL 33012 US

**Current Mailing Address:**

3392 S.W. 175 AVE  
MIRAMAR, FL 33029 US

**New Mailing Address:**

FEI Number: 65-1150764      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GARCIA, JUAN J  
3392 S.W. 175TH AVE  
MIRAMAR, FL 33029 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: PD ( ) Delete  
Name: GARCIA, JUAN J  
Address: 3392 S.W. 175TH AVE  
City-St-Zip: MIRAMAR, FL 33029

Title: PD ( ) Delete  
Name: GARCIA, DELARAY S  
Address: 3392 S.W. 175TH AVE  
City-St-Zip: MIRAMAR, FL 33029

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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 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: JUAN J GARCIA

PD

05/02/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date