

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103427

FILED
Feb 02, 2007
Secretary of State

Entity Name: HEALTHCARE PHYSICIAN BILLING SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

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 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: JUAN J. GARCIA

PD

02/02/2007

Electronic Signature of Signing Officer or Director

Date