

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90028 041 \*\*\*150.00

<b>DOCUMENT # P02000005977</b> 1. Entity Name <b>PHYSICIAN MEDICAL BILLING, CORP.</b>			
Principal Place of Business <b>13285 SW 11TH TERRACE MIAMI, FL 33182</b>		Mailing Address <b>13285 SW 11TH TERRACE MIAMI, FL 33182</b>	
2. Principal Place of Business <b>8300 SW 8 ST</b> Suite, Apt. #, etc. <b>303</b> City & State <b>MIAMI, FL</b> Zip <b>33144</b>		3. Mailing Address <b>1510 SW 149 AVE</b> Suite, Apt. #, etc. City & State <b>MIAMI, FL</b> Zip <b>33194</b>	
Country <b>U.S</b>		Country <b>U.S</b>	
4. FEI Number <b>02-0538756</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RAMIREZ, RITA C 13285 NW 11TH TERRACE MIAMI, FL 33182</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <input checked="" type="checkbox"/> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMIREZ, RITA C 13285 SW 11TH TERRACE MIAMI, FL 33182	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <input checked="" type="checkbox"/> <i>Rita Ramirez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/4/05</b> <small>Daytime Phone #</small>	