

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000026888

Entity Name: MEDIQUICK BILLING, INC.

FILED  
Jan 24, 2005  
Secretary of State

## Current Principal Place of Business:

3173 GULF BREEZE PKWY.  
GULF BREEZE, FL 32563

## New Principal Place of Business:

3171 GULF BREEZE PKWY.  
GULF BREEZE, FL 32563

## Current Mailing Address:

3173 GULF BREEZE PKWY.  
GULF BREEZE, FL 32563

## New Mailing Address:

3171 GULF BREEZE PKWY.  
GULF BREEZE, FL 32563

FEI Number: 01-0630964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCUDIERO, KERRY  
3173 GULF BREEZE PKWY.  
GULF BREEZE, FL 32563 US

## Name and Address of New Registered Agent:

SCUDIERO, KERRY  
3171 GULF BREEZE PKWY.  
GULF BREEZE, FL 32563 US

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: KERRY C. SCUDIERO

01/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SCUDIERO, KERRY  
Address: 3171 GULF BREEZE PKWY.  
City-St-Zip: GULF BREEZE, FL 32563

Title: STD ( ) Delete  
Name: BOHATKA, WILLIAM  
Address: 3171 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32563

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change ( ) Addition  
Name: SCUDIERO, STEVEN D  
Address: 3171 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32563

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: STEVEN D. SCUDIERO

STD

01/24/2005

Electronic Signature of Signing Officer or Director

Date