

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000061851

FILED
Apr 26, 2005
Secretary of State

Entity Name: GAINESVILLE OUTPATIENT BILLING SERVICES, INC.

Current Principal Place of Business:

4509 NW 23 AVE
SUITE 18
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

4509 NW 23 AVE
SUITE 18
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 02-0662193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. LAWRENCE, DANNA R
519 NW 60TH STREET
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

ST. LAWRENCE, DANNA R
4509 NW 23 AVE
SUITE 18
GAINESVILLE, FL 32606 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:

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ST. LAWRENCE, DANNA R
Address: 3659 NW 21 PL.
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DANNA R. ST.LAWRENCE

P

04/26/2005

Electronic Signature of Signing Officer or Director

Date