

## **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000095524

**Entity Name:** NEWORLD MEDICAL BILLING, INC.

**FILED**  
**Nov 17, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

12915 SW 132 STREET  
SUITE 4B  
MIAMI, FL 33186

**New Principal Place of Business:**

9010 SW 137 AVE  
SUITE 224  
MIAMI, FL 33186

**Current Mailing Address:**

12915 SW 132 STREET  
SUITE 4B  
MIAMI, FL 33186

**New Mailing Address:**

9010 SW 137 AVE  
SUITE 224  
MIAMI, FL 33186

**FEI Number:** 51-0425881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOINGS ESQ, A. ELIZABETH  
2946 BIRD AVENUE  
MIAMI, FL 33133 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BARBERENA, JESSICA R  
Address: 12915 SW 132 STREET STE 4B  
City-St-Zip: MIAMI, FL 33186

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

Title: P (X) Change ( ) Addition  
Name: KOTONI, AINSLEY R  
Address: 9010 SW 137 AVE SUITE 224  
City-St-Zip: MIAMI, FL 33186

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: AINSLEY KOTONI

P

11/17/2006

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

\_\_\_\_\_  
Date