2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103062

Entity Name: J.O.P. MEDICAL BILLING, CORP.

FILED Jul 06, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

6241 W 22 COURT 4531 NW 207 DRIVE

SUITE 202 MIAMI GARDENS, FL 33055 HIALEAH, FL 33016

Current Mailing Address: New Mailing Address:

6241 W 22 COURT 4531 NW 207 DRIVE

SUITE 202 MIAMI GARDENS, FL 33055 HIALEAH, FL 33016

FEI Number: 22-3874804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

VILLALON, JELLIE
6241 W 22 COURT
4531 NW 207 DRIVE

SUITE 202 MIAMI GARDENS, FL 33055 US HIALEAH, FL 33016 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: 07/06/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

PD () Delete Title: PD (X) Change () Addition

 Name:
 VILLALON, JELLIE
 Name:
 VILLALON, JELLIE

 Address:
 6241 W 22 COURT
 Address:
 4531 NW 207 DRIVE

 City-St-Zip:
 HIALEAH, FL 33016
 City-St-Zip:
 MIAMI GARDENS, FL 33055

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 AZAR, JORGE A
 Name:
 AZAR, JORGE A

 Address:
 6241 W 22 COURT
 Address:
 4531 NW 207 DRIVE

 City-St-Zip:
 HIALEAH, FL 33016
 City-St-Zip:
 MIAMI GARDENS, FL 33055

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: JELLIE VILLALON PD 07/06/2006