

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107418

FILED
Jul 06, 2004
Secretary of State

Entity Name: MEDICAL BILLING SERVICES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

7 MONTILLA AVENUE
C
MIAMI, FL 33134

New Principal Place of Business:

4519 SW 3RD ST.
MIAMI, FL 33134

Current Mailing Address:

7 MONTILLA AVENUE
C
MIAMI, FL 33134

New Mailing Address:

4519 SW 3RD ST.
MIAMI, FL 33134

FEI Number: 22-3876953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEL BUSTO-SOSA, SARIBEL
7 MONTILLA AVENUE
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

DEL BUSTO-SOSA, SARIBEL
4519 SW 3RD ST.
MIAMI, FL 33134 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:

07/06/2004

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: P () Delete
Name: DEL BUSTO-SOSA, SARIBEL
Address: 7 MONTILLA AVENUE
City-St-Zip: MIAMI, FL 33134 US

Title: VP () Delete
Name: SOSA, RAFAEL A
Address: 7 MONTILLA AVENUE
City-St-Zip: MIAMI, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEL BUSTO-SOSA, SARIBEL
Address: 4519 SW 3RD ST.
City-St-Zip: MIAMI, FL 33134 US

Title: VP (X) Change () Addition
Name: SOSA, RAFAEL A
Address: 4519 SW 3RD ST.
City-St-Zip: MIAMI, FL 33134 US

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: SARIBEL DEL BUSTO-SOSA

P

07/06/2004

Electronic Signature of Signing Officer or Director

Date