2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107418

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

FILED Jan 26, 2007 Secretary of State

4519 SW 3RD ST. MIAMI, FL 33134

Current Mailing Address: 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 ()

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

 DEL BUSTO-SOSA, SARIBEL
 DEL BUSTO, SARIBEL

 4519 SW 3RD ST.
 4519 SW 3RD ST.

 MIAMI, FL 33134 US
 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: SARIBEL DEL BUSTO 01/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 DEL BUSTO-SOSA, SARIBEL
 Name:
 DEL BUSTO, SARIBEL

 Address:
 4519 SW 3RD ST.
 4519 SW 3RD ST.

 City-St-Zip:
 MIAMI, FL 33134 US
 City-St-Zip:
 MIAMI, FL 33134 US

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

 Name:
 SOSA, RAFAEL A
 Name:

 Address:
 4519 SW 3RD ST.
 Address:

 City-St-Zip:
 MIAMI, FL 33134 US
 City-St-Zip:

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: SARIBEL DEL BUSTO P 01/26/2007