2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P02000108851

Entity Name: FLORIDA MEDICAL BILLING SERVICES, INC

Current Principal Place of Business:

24705 US HWY 19 N STE 314
CLEARWATER, FL 33763

New Principal Place of Business:

5390 26TH AVE NORTH
ST. PETERSBURG, FL 33710

Current Mailing Address:

24705 US 19 N STE 314
CLEARWATER, FL 33763

New Mailing Address:

5390 26TH AVE NORTH
ST.PETERBURG, FL 33710

FEI Number: 01-0746845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANGANELLI, LISA L
5390 26TH AVE NORTH
ST PETERSBURG, FL 33710 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CANGANELLI, LISA L
Address: 5390 26TH AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

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: LISA CANGANELLI MS. 04/29/2004

Electronic Signature of Signing Officer or Director — Date