

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000108851

FILED
Mar 15, 2005
Secretary of State

Entity Name: FLORIDA MEDICAL BILLING SERVICES, INC

Current Principal Place of Business:

5390 26TH AVE NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

1500 BEVILLE RD
606-114
DAYTONA BEACH, FL 32114

Current Mailing Address:

5390 26TH AVE NORTH
ST.PETERBURG, FL 33710

New Mailing Address:

1500 BEVILLE RD
606-114
DAYTONA BEACH, FL 32114

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:

ONEAL, LISA L
162 BRYAN CAVE RD
SO DAYTONA, FL 32119 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: LISA ONEAL

03/15/2005

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: P (X) Change () Addition
Name: ONEAL, LISA L
Address: 162 BRYAN CAVE RD
City-St-Zip: SO DAYTONA, FL 32119

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 ONEAL

P

03/15/2005

Electronic Signature of Signing Officer or Director

Date