

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

06-06-2007 90002 033 \*\*\*150.00

**DOCUMENT # P02000108851**

1. Entity Name  
**FLORIDA MEDICAL BILLING SERVICES, INC**



Principal Place of Business  
**1500 BEVILLE RD  
606-114  
DAYTONA BEACH, FL 32114**

Mailing Address  
**1500 BEVILLE RD  
606-114  
DAYTONA BEACH, FL 32114**

**40119915**



05162007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

**1614 S. Ridgewood AVE  
Suite, Apt. #, etc.  
Suite 100**

3. Mailing Address

**1614 S. Ridgewood AVE  
Suite, Apt. #, etc.  
#100**

City & State  
**S. Daytona FL**

City & State  
**S. Daytona FL**

Zip  
**32119**

Country  
**Volusia**

Zip  
**32119**

Country  
**Volusia**

4. FEI Number  
**01-0746845**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lisa L O'Neal*

(NOTE: Registered Agent signature required when re-appointing)

*5/15/07*

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **ONEAL, LISA L**  
STREET ADDRESS **162 BRYAN CAVE RD**  
CITY-ST-ZIP **SO DAYTONA, FL 32119**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lisa L O'Neal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*5/15/07*