

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000129716

FILED
Apr 28, 2006
Secretary of State

Entity Name: DOCTORS MANAGEMENT AND BILLING SERVICE, CORP.

Current Principal Place of Business:

1217-C SOUTH MILITARY TRAIL
W PALM BCH, FL 33463

New Principal Place of Business:

Current Mailing Address:

1217-C SOUTH MILITARY TRAIL
W PALM BCH, FL 33463

New Mailing Address:

FEI Number: 41-2073234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AARON, ALVIN J
11510 SW 92 ST
MIAMI, FL 33176 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: DP () Delete
Name: AARON, ALVIN J
Address: 11510 SW 92 ST
City-St-Zip: MIAMI, FL 33176

Title: DS () Delete
Name: MARTINEZ, RICARDO A
Address: 15092 OAK CHASE CT
City-St-Zip: WELLINGTON, FL 33414 US

Title: DT () Delete
Name: LOPEZ, RICARDO A
Address: 2581 VILLAGE BLVD APT 403
City-St-Zip: W PALM BCH, FL 33409

Title: D () Delete
Name: AARON, JAY E
Address: 11510 SW 92 ST
City-St-Zip: MIAMI, FL 33176 US

Title: D () Delete
Name: ARAGO, GLORIA R
Address: 15092 OAK CHASE CT
City-St-Zip: WELLINGTON, FL 33414 US

Title: D () Delete
Name: LOPEZ, DORIS E
Address: 2581 VILLAGE BLVD APT 403
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: ALVIN J. AARON

DP

04/28/2006

Electronic Signature of Signing Officer or Director

Date