

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90247 049 \*\*\*150.00

**DOCUMENT # P02000133895**

1. Entity Name  
**MEDBILL BY MD, INC.**



Principal Place of Business  
**12464 INDIAN ROCKS ROAD  
LARGO, FL 33774 US**

Mailing Address  
**12464 INDIAN ROCKS ROAD  
LARGO, FL 33774 US**



2. Principal Place of Business

3. Mailing Address  
**1501 Gulf Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite # 101**

04282004 Chg-P CR2E034 (10/03)

City & State

City & State  
**Clearwater, FL**

4. FEI Number  
**30-0145215**

Applied For  
Not Applicable

Zip

Country

Zip

**33767**

Country

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

8. Name and Address of Current Registered Agent

**DRESLIN FINANCIAL SERVICES, INC.  
7985 113TH STREET  
SUITE 220  
SEMINOLE, FL 33772**

7. Name and Address of New Registered Agent

Name **Angela R. Duncan**

Street Address (P.O. Box Number is Not Acceptable)  
**1501 Gulf Blvd.**

**Suite # 101**

City **Clearwater**

**FL**

Zip Code  
**33767**

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: **Angela R. Duncan** **Angela R. Duncan VP** **4/25/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MCELWANEY, RENEE**  
STREET ADDRESS **979 BAY ESPLANAGE**  
CITY-ST-ZIP **CLEARWATER BEACH, FL 33767**

TITLE **VP** ☐ Delete  
NAME **DUNCAN, ANGELA**  
STREET ADDRESS **1501 GULF BLVD #101**  
CITY-ST-ZIP **CLEARWATER BEACH, FL 33767**

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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STREET ADDRESS  
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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 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 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: **Angela R. Duncan** **(Angela R. Duncan) VP** **4/25/04** **727-596-1815**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #