

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90283 032 ***158.75

DOCUMENT # P03000023992

1. Entity Name
PHYSICIANS BILLING SOLUTIONS, INC.



34077169

Principal Place of Business
6153 RALEIGH STREET
1330
ORLANDO, FL 32835 US

Mailing Address
6153 RALEIGH STREET
1330
ORLANDO, FL 32835 US



2. Principal Place of Business
7738 Beridale Court
Suite, Apt. #, etc.

3. Mailing Address
7738 Beridale Court
Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State
Orlando, Florida
Zip
32818
Country
USA

City & State
Orlando, Florida
Zip
32818
Country
USA

4. FEI Number
050557600

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HANS, AMRIT
6153 RALEIGH STREET
1330
ORLANDO, FL 32835

7. Name and Address of New Registered Agent
Name
Amrit Hans
Street Address (P.O. Box Number is Not Acceptable)
7738 Beridale Court
City
Orlando
FL
Zip Code
32818

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
[Signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
4/20/04

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANS, AMRIT 6153 RALEIGH STREET, # 1330 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Amrit Hans 7738 Beridale Court Orlando, Florida 32818 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4/20/04
Daytime Phone #
407-702-3492