2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2005
Secretary of State

DOCUMENT# P03000031974

Entity Name: ULTIMATE CHOICE MEDICAL BILLING, INC.

Current Principal Place of Business:

5260 CONKLIN DRIVE
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

2641 SE IBIS AVENUE
PORT ST. LUCIE, FL 34952 US

Current Mailing Address:

5260 CONKLIN DRIVE
DELRAY BEACH, FL 33484 US

New Mailing Address:

2641 SE IBIS AVENUE
PORT ST. LUCIE, FL 34952 US

FEI Number: 41-2085044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOEBEL, JOY A
5260 CONKLIN DRIVE
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

WHITE, LAUREL A
2641 SE IBIS AVENUE
PORT ST.LUCIE, FL 34952 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: LAUREL A. WHITE 04/10/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WHITE, LAUREL A
Address: 2800 PALMWOOD TERRACE, APT P119
City-St-Zip: BOCA RATON, FL 33431 US

Title: V ( ) Delete
Name: GOEBEL, JOY A
Address: 5260 CONKLIN DR.
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WHITE, LAUREL A
Address: 2641 SE IBIS AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34952 US

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 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: LAUREL A. WHITE P 04/10/2005
Electronic Signature of Signing Officer or Director Date