

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035425

FILED
Aug 31, 2004
Secretary of State

Entity Name: QUALITY MEDICAL BILLING & COLLECTION CORP.

Current Principal Place of Business:

7163 NW 49 PL
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

7163 NW 49 PL
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 13-4251731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONCEPCION, GLADYS
7163 NW 49 PL
LAUDERHILL, FL 33319

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CONCEPCION, MISAEAL
Address: 7163 NW 49 PL
City-St-Zip: LAUDERHILL, FL 33319

Title: VD () Delete
Name: CONCEPCION, IVONNE
Address: 7163 NW 49 PL
City-St-Zip: LAUDERHILL, FL 33319

Title: SD () Delete
Name: OZUNA, JOSEFINA
Address: 3375 W 76 ST APTD 245
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: OZUNA, JOSEFINA
Address: 19234 NW 48 AVE
City-St-Zip: MIAMI, FL 33055

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: MISAEAL CONCEPCION

PD

08/31/2004

Electronic Signature of Signing Officer or Director

Date