

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036841

FILED
Mar 08, 2005
Secretary of State

Entity Name: SAGE MEDICAL BILLING, INC.

Current Principal Place of Business:

701 LAKEVIEW DRIVE EAST
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

PO BOX 933
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 20-0006238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUBER, JAMES A
301 CLEMATIS STREET
SUITE 3000
WEST PALM BEACH, FL 33401 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: P/D () Delete
Name: BURR, JASON A
Address: 701 LAKEVIEW DRIVE EAST
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: S/D () Delete
Name: STEFF, JULIA
Address: 701 LAKEVIEW DRIVE EAST
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: T/D () Delete
Name: SLUDER, CHERI
Address: 701 LAKEVIEW DRIVE EAST
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

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:

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: JULIA STEFF

S/D

03/08/2005

Electronic Signature of Signing Officer or Director

Date