## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P03000040704

1. Entity Name

PRECISE BILLING SERVICES INC.



Principal Place of Business

Mailing Address

15532 SW 32 TERRACE MIAMI, FL 33185

15532 SW 32 TERRACE MIAMI, FL 33185

**FILED** Jan 13, 2006 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

No Chg-P 01102006 CR2E034 (11/05) Applied For 4. FEI Number 06-1714955 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

RAMS, VICTOR 5840 W FLAGLER STREET STE 1 MIAMI, FL 33144

of the corporation or the receiver or changed, or on an attachment with

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|   | named entity submits this statement for the plans of registered agent. | urpose of changing its registered                       | office or re     | gistered agent, or bo          | oth, in the State of Florida. I am familiar with, and | accept |
|---|--|---|------------------|--------------------------------|---|--------|
| SIGNATURE   | Signature, typed or printed name of registered agent and title i       | i applicable. (NOTE, Registered A                       | gent signature r | equired when reinstating)      | DATE  | '      |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00 |  | Election Campaign Financia     Trust Fund Contribution. | ng 🗆             | \$5.00 May Be<br>Added to Fees |   |        |
| 10.   | OFFICERS AND DIREC   | CTORS   |                  |                                |   |        |
| TITLE NAME STREET ADDRESS' CITY-ST-ZIP                                | D<br>MOENCK, DIANA M<br>15532 SW 32 TERRACE<br>MIAMI, FL 33185         |   |                  |                                | V00000385661  | İ      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |   |                  |                                | 01/18206-80026-002 150.00                             |        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |   |                  | DO                             | NOT WRITE   |        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |   |                  | IN '                           | THIS SPACE  |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | -  | ·   |                  |                                |   |        |
| TITLE NAME STREET ADDRESS   |  |   |                  |                                |   |        |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 eceiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if