

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90079 021 ***150.00

DOCUMENT # P03000040704

1. Entity Name
PRECISE BILLING SERVICES INC.



Principal Place of Business
15532 SW 32 TERRACE
MIAMI, FL 33185

Mailing Address
15532 SW 32 TERRACE
MIAMI, FL 33185

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

City & State

ZipCountry

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent
Name
DIANA PERAZ
Street Address (P.O. Box Number is Not Acceptable)
1000 SW 96 AVENUE.
City
MIAMI
FL
Zip Code
33174

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

DATE
3/9/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS
TITLE
D
NAME
MOENCK, DIANA M
STREET ADDRESS
15532 SW 32 TERRACE
CITY-ST-ZIP
MIAMI, FL 33185
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

12. I hereby certify that the information supplied with this filing 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 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 persons empowered to execute this report.

SIGNATURE: Diana M. Moenck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
3/9/07
Daytime Phone #