2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/

FILED
May 05, 2004 8:00 am
Secretary of State

04-14-2004 90054 011 ***150.00

DOCUMENT # P03000045462

1. Entity Name
BILLING CENTER OF SARASOTA, INC

66419406

Principal Place of Business	Mailing Address
3616 WEBBER STREET STE 202 SARASOTA, FL 34232	3616 WEBBER STREET STE 202 SARASOTA, FL 34232

03122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2746 HEAther PL	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASota FL	City & State
Zip: 34235 Country: USA	Zip Country

4. FEI Number 47-0917060 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILES, KATHY JO
3616 WEBBER STREET
STE 202
SARASOTA, FL 34232

2746 HEAtHER PL
SARASota FL 34235

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2746 HEAther Place

City SARASota FL Zip Code 34235

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 [signature] 4/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER - PRESident KAthy Jo Miles 2746 HEAtHER PL SARASota FL 34235. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER - Vice President DEBORAH BEAUChAMP 6635 LINCOIN Rd BRADENton FL 34203 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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 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 like empowered.

SIGNATURE: [signature] 3/13/04 941-955-7317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #