


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000045860 1. Entity Name PEDIATRIC BILLING SERVICES, INC.	
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FILED

06 DEC 11 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4141 SW 6TH STREET MIAMI, FL 33134	Mailing Address PO BOX 351597 MIAMI, FL 33135
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



11302006 Chg-P CR2E034 (11/05)

4. FEI Number 57-1163571	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JORGE DE LA CRUZ-MUNOZ, ESQ. DUNWOODY WHITE & LANDON, PA 550 BILTMORE WAY, SUITE 810 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUERTAS, NORKI <input checked="" type="checkbox"/> Delete 9240 SW 72 STREET, SUITE 117 MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ^P Mary Lou Rodon, Personal Representative <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2222 Ponce de Leon Blvd. PH Coral Gables, FL 33134-5030 300082637483 12/19/06--01029--004 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:  Mary Lou Rodon, Personal Rep.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OF THE STATE OF FLORIDA

Daytime Phone # _____