

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053527

FILED
Apr 04, 2006
Secretary of State

Entity Name: COMPLETE DME BILLING SERVICES INC.

Current Principal Place of Business:

8447 WATERFORD CIRCLE
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

8447 WATERFORD CIRCLE
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 74-3092056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, CINDY
8447 WATERFORD CIRCLE
TAMARAC, FL 33321 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: D () Delete
Name: FRIEDMAN, CINDY
Address: 8447 WATERFORD CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: FRIEDMAN, DAVID
Address: 8447 WATERFORD CIRCLE
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: DAVID FRIEDMAN

VPRE

04/04/2006

Electronic Signature of Signing Officer or Director

Date