2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004
Secretary of State

DOCUMENT# P03000062018

Entity Name: MEDICAL BILLING SOLUTIONS, INC.

Current Principal Place of Business:

P O BOX 290651
PORT ORANGE, FL 321290651

New Principal Place of Business:

Current Mailing Address:

P O BOX 290651
PORT ORANGE, FL 321290651

New Mailing Address:

FEI Number: 65-1191132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKIN, MARSHALL H
149 S RIDGEWOOD AVE, STE 710
DAYTONA BEACH, FL 32114 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR ( ) Change (X) Addition
Name: SCHAMAUN, KATHLEEN
Address: PO BOX 290651
City-St-Zip: PORT ORANGE, FL 321290651 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHLEEN SCHAMAUN PR 06/08/2004

Electronic Signature of Signing Officer or Director Date