

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062018

FILED
Apr 21, 2005
Secretary of State

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:

SCHAMAUN, KATHLEEN P
PO BOX 290651
PORT ORANGE, FL 321290651 US

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: KATHLEEN P SCHAMAUN

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: SCHAMAUN, KATHLEEN P
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 P SCHAMAUN

PR

04/21/2005

Electronic Signature of Signing Officer or Director

Date