

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063245

FILED
Apr 29, 2004
Secretary of State

Entity Name: HOSPITAL BILLING SERVICES, INC.

Current Principal Place of Business:

1934 RETAW STREET
JACKSONVILLE, FL 33145

New Principal Place of Business:

Current Mailing Address:

1934 RETAW STREET
JACKSONVILLE, FL 33145

New Mailing Address:

FEI Number: 56-2368014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DPT () Delete
Name: LINVILLE, CHARLES W
Address: 1934 RETAW STREET
City-St-Zip: JACKSONVILLE, FL 33145

Title: DVS () Delete
Name: LINVILLE, MARY T
Address: 1934 RETAW STREET
City-St-Zip: JACKSONVILLE, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: LINVILLE, CHARLES W
Address: 1934 RETAW STREET
City-St-Zip: JACKSONVILLE, FL 32210

Title: DVS (X) Change () Addition
Name: LINVILLE, MARY T
Address: 1934 RETAW STREET
City-St-Zip: JACKSONVILLE, FL 32210

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: CHARLES W LINVILLE

DPT

04/29/2004

Electronic Signature of Signing Officer or Director

Date