

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063245

FILED  
Mar 24, 2005  
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:

1934 RETAW STREET  
JACKSONVILLE, FL 32210

## Current Mailing Address:

1934 RETAW STREET  
JACKSONVILLE, FL 33145

## New Mailing Address:

1934 RETAW STREET  
JACKSONVILLE, FL 32210

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 32210

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T ( ) Change (X) Addition  
Name: PERRY, LINDA L  
Address: 8417 FRONTER CR  
City-St-Zip: JACKSONVILLE, FL 32217

Title: V ( ) Change (X) Addition  
Name: KERN, MELISSA  
Address: 4565 SHIRLEY AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Change (X) Addition  
Name: BEASLEY, ELIZABETH  
Address: 3713 BALLEJO CT W  
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: LINDA L PERRY

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03/24/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date